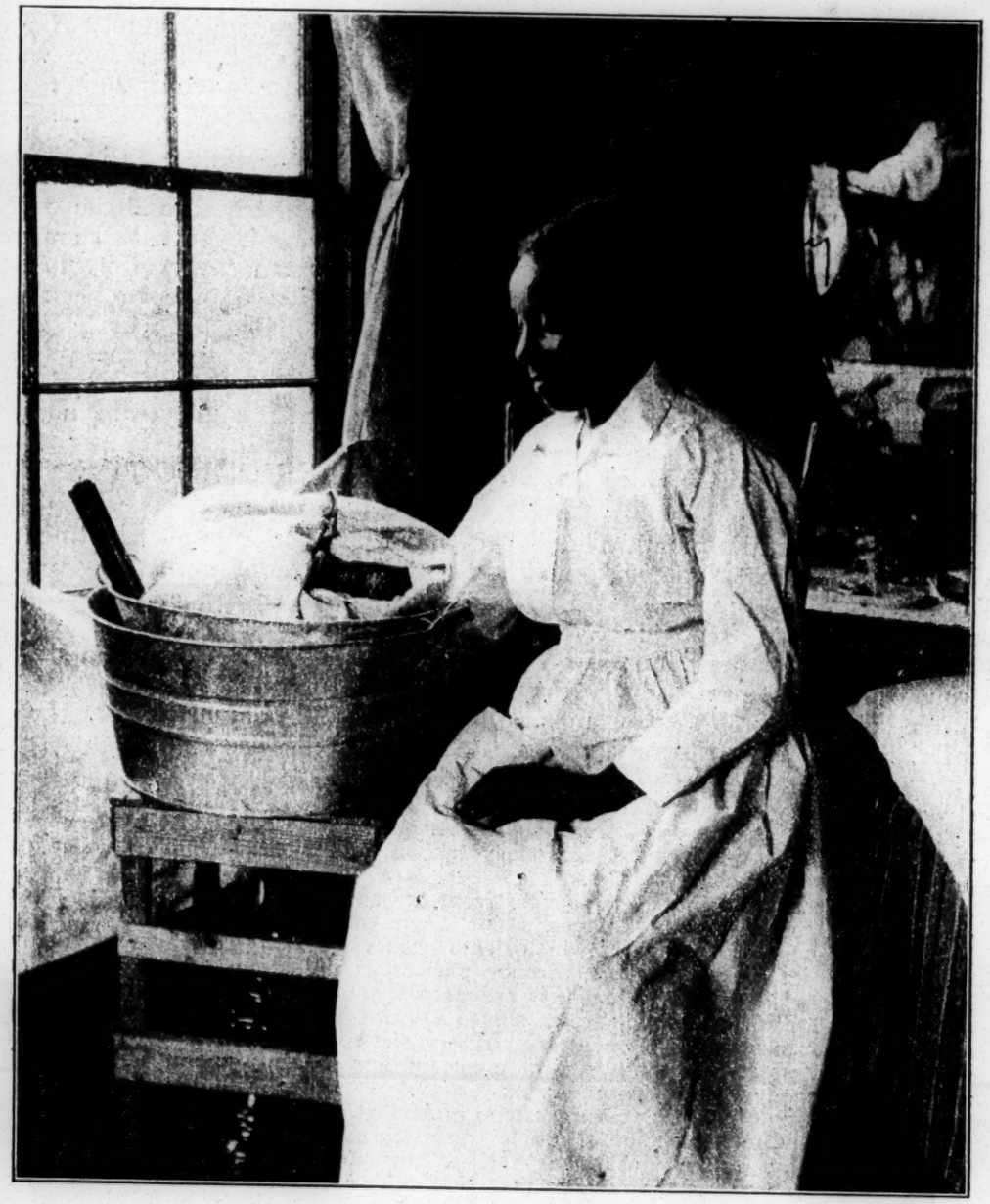
Health—1924. Virginia.

A SIMPLE METHOD FOR THE CARE OF PREMATURE BABIES



Miss Nannie J. Minor, Director of Public Health Nursing, State Board of Health, Virginia, sends us this interesting note on "A simple Virginia method of keeping premature babies warm."

Dr. W. A. Plecker, State Registrar, Bureau of Vital Statistics, State Board of Health, who improvised it, writes the following description:

"This method consists in the use of two ordnary foot-tubs, placed one within the other, with water between. These tubs are placed across two chairs or boxes and a lamp kept burning beneath, which can be so regulated as to keep the water at a temperature of 90 degrees. Sand is placed in the inner tub to weigh it down, being a little heavier at the foot so as to elevate the head slightly. A soft bed of absorbent cotton is made in the smaller tub, in which the baby is kept wrapped, without having been handled to wash or dress it. The child is fed upon the mother's milk with a drop tube, a small quantity at first every hour.

"An interesting letter has just been received from a Petersburg midwife who claims to be the first in that city to have saved by the methods mentioned a baby which weighed but two pounds at birth. This diminutive stranger opened its eyes on the world last January and in six months is a lusty youngster of thirteen and one-half pounds."

HEALTH CLINIC WILL BE CLOSED FIRST OF MAY

Norfolk Journal and Guide

Director of Public Welfare Schenck Recommends To Council Discontinuance of Work on Princess Anne Ave

4-19-24

PROMINENT PHYSICIAN MAKES STATEMENT

Norfolk Va.

The City Council received a letter from Director of Public Welfare Schenck Tuesday afternoon recommending the colored health clinic at 808 Princess Anne avenue be discontinued at the expiration of the city's lease on the building May 1. The reason for shutting down the work, as given by the Director it is said, was because the colored doctors discontinued their co-operation.

At the same time Dr. Schenck recommended that two colored dentists be employed on part-time for the colored dental clinic work. The council adopted this recommendation.

The announcement of the closing of the clinic did not occasion surprise among the colored people but it caused them very serious regret. It has been known for some time that the Colored Physicians Club composed of the practicing colored doctors of the city and the Director of Public Welfare seemingly have been at odds over the policy of the health department relative to clinical work among the colored people.

PHYSICIAN MAKES STATEMENT

Upon hearing of the reason given by the Director of Public Welfare for recommending a discontinuance of the work at the center a prominent physician and member of the club stated to a representative of the Journal and Guide that Dr. Schenck's statement about "non-co-operation of the colored doctors" was misleading. In this connection he said, "the fact is the Colored Physicians' Club made suggestions which if they had been given some consideration by Dr. Schenck would have done more for the alleviation of the sick among their people than was being done by the clinic.

"The colored physicians, know that the just, reasonable and practicable thing to do is to have physicians of color to attend the charity patients of their race, as it is certain that more satisfactory results would be obtained. The health department has in its pay several white doctors for clinical work and not one colored in spite of the fact that the largest number of people requiring treatment at the public expense are members of the colored race.

"Several years ago a tuberculosis clinic was maintained by the colored physicians of the city and promises were made at that time if it was conducted properly for a certain length of time some member of their group would be put on full time. The clinic was very efficiently conducted beyond the suggested time yet nothing ever came out of the promises. No pay was given the physician in charge nor his aides and as yet none of the colored physicians have been given any official standing.

"The school board a few years ago appointed a colored physician to the colored schools and the health department revoked this appointment

DOCTORS READY TO COOPERATE

"The colored physicians stand ready to co-operate with the Director of Public Welfare or any other agency when it can be done on ethical and dignified grounds."

In connection with the health center on Princess Anne avenue, the opinion among the colored people is that the doctors did not feel constrained to continue to give their time and talent to this work as long as the health department persistently refused to use any colored physicians in the paid charity work, making appointments of this nature among the white doctors exclusively, even to do the work among colored people for which the city provided compensation.

HEALTH WORK TO BE RE-ORGANIZED

The following committee appeared before City Manager Causey last Saturday morning, in interest of municipal health work among Norfolk's colored population: Dr. G. Jarvis Bowens, Dr. A. Lyman Paey Dr. Minu D. Burke, Dr. S. I. Moone Dr. R. J. Matthews, Dr. S. F. Coppage, Rev. D. D. White and P. B. Young.

Journal & Guide

The committee waited upon City Manager Causey as the result of action on the part of the Norfolk colored physician's club, following recommendation to the Council, by Commissioner of Public Welfare Schenck, that the colored community health clinic be closed. The physicians club took the position that the statement to the Council by Dr. Schenck that it was necessary to close the clinic on account of the non-cooperation on the part of the colored physicians was misleading, in as much as the colored physicians had offered thir cooperation to the health commissioner under such conditions as they could cooperate, along ethical lines. Dr. Bowens was spokesman for the committee. Among other things he said:

4-26-24

"That the physicians club did not arbitrarily decline to support the Community Center Clinic, but suggested a plan by which it could be more satisfactorily maintained.

"That the services rendered by the colored physicians in the Clinic work in the past entitled them to official recognition. That they are now asking that one or more of their group be employed by the city on part or full time.

"That the colored physicians are better qualified tempermentally to treat the colored charity cases and more accessable than the white physicians, now paid by the city for this work."

Dr. Mathews Corroborates

Dr. Bowen's remarks were supplimented by Dr. R. J. Mathews, who strongly emphasized the points made by the committe spokesman. He reiterated the proposal of the colored physicians club to co-operate in the operation of the Clinic, if the same was reorganized along the lines suggested by the physicians.

City Manager Causey gave the committee assurances of his sympathetic interest in the cause of public health, where all citizens are concerned and promised to recommend to council that the matter be reopened.

Dr. Schenck Gives Views

Commisioner of Public Welfare Schenck was present during the interview and also assured the committee that he would regret very much to see the health work discontinued, that he personally desired to see the clinic reopened and conducted along constructive lines.

Journal & Guide

At the Tuesday afternoon meet-

ing of the City Council, the City Manager's recommendations that clinic be reopened was adopted and an ordinance making an additional appropriation of $1500.00 for the work was placed on its first reading.

4-26-24

In discontinuing the colored health clinics because "the colored doctors discontinued their cooperation with the work," Dr. Schenck recommended the appointment on part time of two colored dentists for colored dental clinic work. Council adopted his recommendation. Now if the commissioner of public welfare will go a step further in the right direction and recommend the appointment of one or two colored physicians for health work, he will remove the basic cause of non-cooperation upon the part of the doctors and reestablish a humane work which the city can ill afford to abandon.

Norfolk Journal and Guide

4-19-24

Norfolk, Va.

Health—1924

Texas.

LONGER LIFE FOR NEGROES

Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company says that the life span of the American Negro has been lengthened by five years during the last decade. This is due to two great factors. First of these is the increasing interest on the part of the organized public health movement in the well-being of the Negro and more especially the nursing health service. The second is the awakening of the Negro race to its opportunities for better conditions of life and labor.

While the death rate among the Negro population is still in excess of that among white persons, the gap is gradually being lessened. Control is being gained over tuberculosis, typhoid fever, malaria and other diseases which caused high death rates among Negroes ten years ago. This is being brought about by the Negroes themselves, through their press and other facilities for teaching prevention measures, as well as through other public health agencies. The condition of the Negro in towns and cities of the North as well as the South is much improved in recent years, and Dr. Dublin's studies indicate that the improvement will probably continue. Dallas Express

Concrete figures regarding the health and life span are found in the record of Negroes insured by the record of Negroes insured by the Metropolitan Life Insurance Company. Most of these are dwellers in communities. In 1911 and 1912, it is shown, the Colored boy or girl ten years old could expect to live an average of 41 years and two months more.

In 1922 the Negro lad who became ten years of age could expect to live 46 years and nine months longer, an increase about 5 1-2 years. The Negro girl who became ten years old in 1922, according to these studies, might expect to live 46 additional years, or nearly as long as her brother.

As compared with the outlook among white persons this gain in the span of the average Colored man's life was only slightly lower than among white men.

Here is news of the most cheering sort. Longer life is possible. Time has demonstrated that the pet theories so blantantly advocated by demagogues to the effect that the body of the American Negro could not be made, by change of condition and education to last longer, has been thoroughly disproved. 2-23-24

Has it not been marvellous, this steady progress in education and consequent disqualification of theories once widely accepted?

Just after slavery it was claimed that the Negro could not learn. Then his thousands of cultured men and women with their brilliant minds caused this theory to be discorded as empty and worthless.

He was said to be shiftless and thriftless but in less than sixty years his wealth is numbered by the hundreds of millions and his capitalists number many millionaires among them.

And now it has been discovered that his bod is subject to the same laws as govern the bodies of others as to length of life. Certainly there is in this latest statistical announcement reason for joy that it has been thus broadcast and added determination to further promote within the race those movements which have for their aim the more thorough education of the masses in regard to the laws of health and long life.

Again we have cause to remark that Time coupled with constant striving along a course laid down will bring results. The pratings of prejudice and the deliberations of demagogues cannot hinder or change in one single respect the immutable laws of Creation. Day by day in every way we are finding more and more reason to apply ourselves more closely to methods of development secure in the knowledge that we can if we think we can.

TEXAS NEGLECTS BLACK T-B VICTIMS; NO BEDS PROVIDED

Special to The Informer.

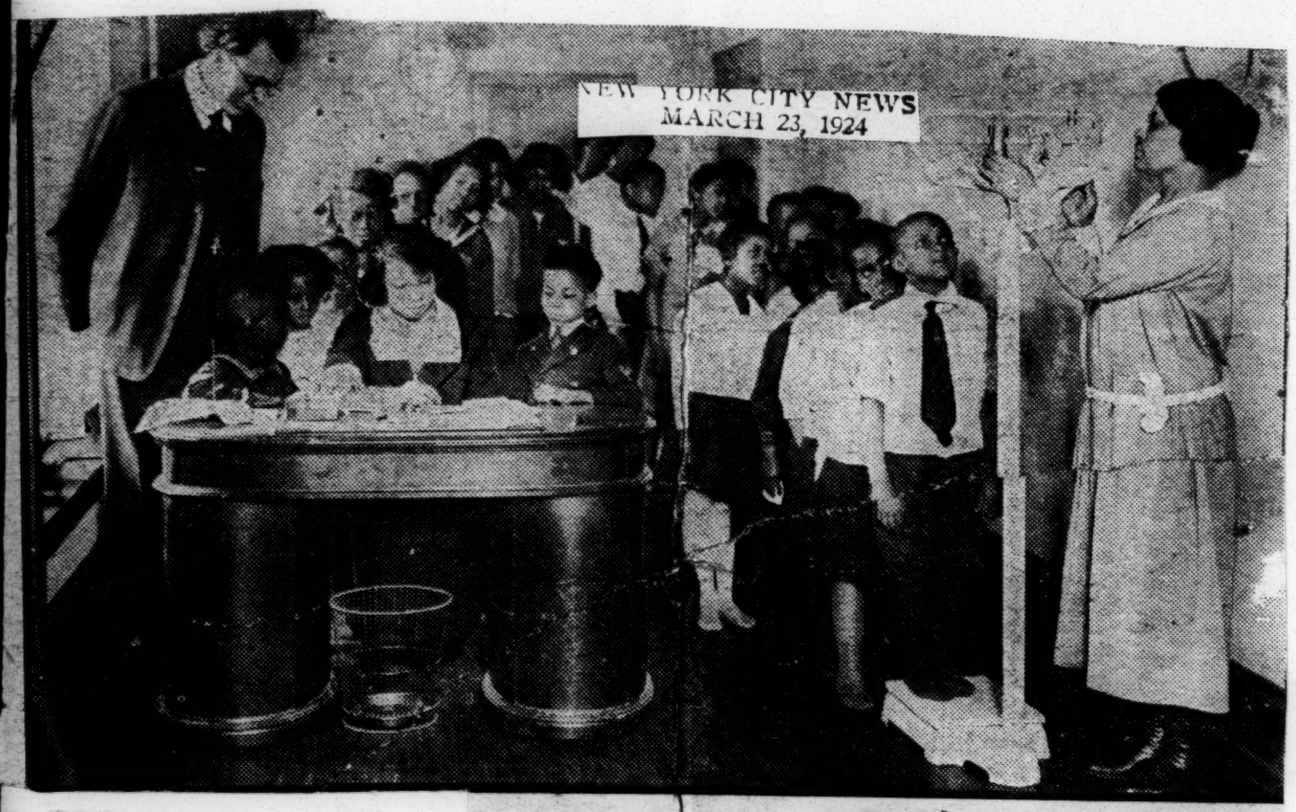
Austin, Texas.—Reviewing a list of public sanatoria for the care of Texas citizens suffering from tuberculosis, it was discovered that there are only forty beds for Negroes that are supported by taxation, according to a statement by D. E. Breed, executive secretary of the Texas Public Health Association. These beds are located in two counties and are for the use of their residents only. Houston Informer 3-19-24

The Negro comprises one-seventh of the total population of the state. Any movement to secure a lower tuberculosis death rate must take the Negro into consideration, Mr. Breed declared. In the towns and counties where tuberculosis surveys have been conducted, it has been discovered that there are large numbers of Negroes suffering from consumption.

With the present facilities for caring for these unfortunates, it is impossible to make much headway in reducing the death rate among the colored population of the state. The question of their care is not only one of humanity but also of economics.

"Negroes are employed as nurses, maids, laundresses, cooks, housemaids and in other positions where they come in contact with their employers and their children," Mr. Breed stated. "In this way they are in a position to spread the disease to you and those dear to you." A sanatorium, owned and operated by the state, for the care of consumptive Negroes is very necessary.

Health-1924. New York.



(NEWS photo)

HEALTH BUILDERS—Colored youngsters find health in diet class of Abyssinia Community house, 132 West 138th street, and N. Y. Tuberculosis association.

NEW YORK BULLETIN
AUGUST 5, 1924

Will Wage War On Tuberculosis

The organization of a Post Graduate School open to qualifying Negro physicians of the nation for the purpose of intensively studying the diagnosis and treatment of tuberculosis is seriously being planned, Dr. Iago Galdston of the New York Tuberculosis Association announced today.

Dr. Galdston has supervised the work conducted under the auspices of the New York Tuberculosis Association in connection with the Harlem Tuberculosis Institute. "The Institute was organized two years ago in order to equip the Negro physician with a much needed scientific knowledge of the disease which is so prevalent among the members of his race, and which has caused as much as three times the number of deaths that it has caused among the white population," the doctor explained.

Last year twenty-five physicians registered for the course and they were found to be so appreciative of the opportunity that another series of lectures on the diagnosis and treatment of tuberculosis—even more intensive than the first—was again undertaken by the New York Tuberculosis Association this year.

New York Tuberculosis Assn. Given License for Harlem Dental Clinic

Committee Has Made It Possible for Poor of City to Get Dental Care Regardless of Means.

Tells of Outrages Committed in Tex.

Former Labor Agent Says Troops Enslaved the Negroes.

Telling tales of race injustices and outrages and of his unsuccessful attempts to bring the most flagrant of these before the proper authorities because members of his own race betrayed him and the race, Rev. Elijah C. Branch delivered a lecture which had been postponed because of alleged objections from mysterious persons on "Race Unity and Why" at Shiloh Baptist Church, 2226 Seventh avenue, Thursday evening.

Citing the Texas City case, the Chester Sawyer case and the Monk Gibson case, the speaker talked for about an hour and a half, telling of his personal experiences in them and particularly in the Texas City case, when, in 1915, the Negro inhabitants of that town, in the State of Texas, were forced, by the use of United States soldiers, to clean up the town after a flood and storm had laid waste to a large portion of it.

During the enslavement the men and women, about 500 in all, were kept in separate prison camps and not allowed to associate or to return to their homes. This lasted five days and, when they were finally released, they found that their homes had been rifled.

The men received little or no compensation for the work done by them. Two dollars for the five days were all offered them by the city. A large number were so incensed at being deprived of their liberty so summarily they refused the paltry sum. Pay for the women, who were compelled to act as charwomen in the homes of whites, was left to the discretion of the white housewife. Many Negro women were not paid or even offered payment.

Rev. Branch related his protests to the city and military authorities, who, he said, were under General J. Franklin Bell, now deceased. Because of these protests he claims he had to flee the city. He went thirty miles away to Galveston, where he was engaged for many years as a labor agent, sending Negroes North during the exodus and migration.

Health—1924

New York.

FEWER NEGRO BABIES DIE.

Health Service Cuts Mortality Rate on Columbus Hill.

A cut in the death rate of negro babies in the first month after birth in the Columbus Hill district has been effected by an intensive health service conducted in the last six years jointly by the New York Association for Improving the Condition of the Poor, the Department of Health, Sloane Hospital, the New York Nursery and Child's Hospital, Vanderbilt Clinic and other agencies, according to a report made public yesterday at the offices of the A. I. C. P., 105 East Twenty-second Street. The death rate among negro babies in that district has been reduced to "50 per cent. of that prevailing in similar groups elsewhere," says the report.

The report further shows that the death of negro mothers from causes associated with child birth were reduced to 4.6 per thousand births among women who received three months' or more care under the service. That rate compares with 9.1 deaths per thousand among negro mothers for the Borough of Manhattan, as a whole, and 10.5 for the negro district of Harlem.

We find that in Harlem the death rate for colored babies of that age is just twice that prevailing among the mothers under our care, and more than three times as great as among the sub-group to which at least three months' prenatal care was given."

The death rate among colored mothers receiving this three months or more of care was reduced to 4.6 per 1,000 births, compared with 9.1 among colored mothers for the whole borough of Manhattan, and 10.5 for the colored district in Harlem.

BABY DEATH RATE IS CUT IN HALF

In one of the most congested colored districts of the city, intensive health service has reduced the death rate of babies during the first month after birth to 50 per cent of that prevailing among similar racial groups elsewhere, according to a report made public yesterday by the Association for Improving the Condition of the Poor.

The region comprises an area of eight blocks, from Columbus Circle to the Hudson River. The health service has been conducted jointly for the last six years by the A. I. C. P., the Department of Heath, Sloane Hospital, the New York Nursery and Child's Hospital, the Vanderbilt Clinic and other agencies. The infant mortality, 142 per 1,000 births in 1916 and 1917, had been nearly twice that prevailing among the general population. Mortality of Negro mothers from causes associated with childbirth ran correspondingly high.

Bad housing conditions and continued employment of mothers during the prenatal and postnatal period were major contributing factors in the high mortality, the report states.

"It seems unquestionable," the report states, "that length of prenatal care has a direct effect on the chances of babies surviving the first month.

Health — 1924.

New Jersey.

CAMDEN N. J. TELEGRAM
JULY 22, 1924

Improving the Negro's Environment

With the great migration of the Southern negroes to the North the question of improving the living conditions of the race in the congested city districts takes on a new importance. There is ignorance of the most elementary hygienic requirements on the part of many of these migrants. The more progressive negroes are trying to solve the problem by intensive drives to improve the habits and environment of the newcomers.

Last spring a National Negro Health Week was observed and now three prizes are to be awarded to the communities which did the most effective work in that observance. Camden is hardly likely to get a prize.

Negro Child Winner In Baby Show

Newark, N. J., Sept. 4—(P. N. S.)—Wails and tears came from little six-months-old Mamie Pearl Rice when she was lifted from her tiny carriage after she had won the prize for the best decorated carriage in a baby parade given last Wednesday night by the Jewish Sisterhood.

The child was dressed in a white coat and dress, rode in a carriage decorated in black and gold. After she had been adjudged the winner she was lifted up high so that the admiring crowd might see her. She was awarded a beautiful pillow.

Health—1924. Mississippi.

Are There Any Blind Black Babies?

The Survey 4-15-24

SOME months ago the Blind Association of Mississippi decided that something should be done to help the blind Negro children of the state, and a committee was appointed to consider plans and to put its conclusions into effect. Remembering the crowded condition of the state institution for blind white children, and knowing that 54.4 per cent of all the educable children in the state were Negroes, the committee felt sure that there must be a large number of blind Negro children in Mississippi. The committee decided that the best way to help this most pathetically helpless group of people would be to organize a class in some kind of vocational training, since the State School for the Blind in Jackson does not receive Negro children for instruction.

New York Mail

Bura Hilbun, state supervisor of colored schools, always actively interested in helping the colored people of his state, took two members of the committee with him and went down to the Piney Woods School for Negroes in Simpson County. This school is one of the best of its type in the country and has a progressive, up-to-date principal. In consultation with the school authorities, Mr. Hilbun and the committee members decided to begin with one class of ten blind children, and arrangements were made to begin the work as soon as the students could be brought together.

Then they began looking about for the ten students Mrs. Jones, the wife of the principal of the Piney Woods School, and at that time state chairman of the Colored Women's Federated Clubs, wrote to each club in the federation, asking for the names and addresses of blind Negro children. Mr. Hilbun wrote to his Jeanes supervising agents, twenty-five in number and representing as many counties, for the same information. Other members of the committee sought the names of blind Negro children through the Blind Association. Shortly after the search was begun, there was a meeting of the principals from the fifty county agricultural high schools of the state, and Mr. Hilbun in the course of a speech to these men asked them for the names and addresses of blind Negro children.

AS a result of all these investigations Mr. Hilbun obtained three names—not even half enough to start the first of the classes he proposed to organize. With his interest deeply aroused he went to Dr. W. S. Leathers, the executive secretary of the state board of health.

"Now look here, Doctor!" he said. "Where are the blind Negro children of this state?"

"Why, I can't just say," replied Dr. Leathers. "Come to think of it, I don't believe I ever saw one in my life. Why do you ask?"

Mr. Hilbun explained the situation and, growing more and more interested, Dr. Leathers decided to carry the investigation a bit further. He sent a letter of inquiry to 1,700 physicians, including the county health officer of every county within the state. He explained in this letter why he wished to locate these blind Negro children, and stated clearly that in case no answer were received he would take that to mean that the physician addressed knew of no blind Negro child, since he felt sure that any doctor who knew of such a child would be glad to report his or her name.

More than two hundred physicians answered by letter from all parts of the state, and of these one hundred and seventy wrote only to express their interest in the investigation and their astonishment at the fact that they did not know a blind Negro child. Their answers ran like the following which were taken at random from the lot:

"There are none in my county. I am amazed to find this true."

"I never thought of this before, but I am certain that there is not one in my territory."

"I cannot recall ever having seen a blind Negro child. This is deeply interesting."

"I have an extensive Negro practice and a wider acquaintance, but I have never seen a blind Negro child."

"I have had a wide practice among Negroes for twenty years, but I have never seen a blind Negro child." This answer came from a delta town where the Negroes far out-number the white people.

When these letters first began to come, it appeared that they were not going to have a single blind Negro child reported besides the three they had already located, but after a time they got a few like the following:

"I know of one Negro boy who lost his eyesight as the result of a blow on the head."

"One Negro child in my county is blind from the effects of a powder explosion."

"One Negro girl in my territory is blind as the result of a gun-shot wound."

One doctor reported two Negro girls from the same family who were blind from congenital cataract. These girls have already obtained surgical treatment through the assistance of the State Supervisor of Civilian Rehabilitation and are no longer blind.

Another doctor reported a Negro boy who could not see in daytime but was able to see fairly well at night.

The Survey 4-15-24

ALL told, thirty cases of blindness were reported by the whole state. In no case was there a report of infection at birth. In more than half the known cases, however, the cause of the condition was not given. Mr. Hilbun is continuing his investigation with a view to finding out the exact cause in each case, if possible. He estimates from the data at hand that not more than half the thirty cases reported could be the result of child-bed infection.

Whatever the detailed result, the big truth already is definitely established. There are practically no Negro children in Mississippi who are blind as the result of a preventable infection at birth. In other words, in all the 418,481 educable Negro children between five and twenty-one years of age, plus all those uncounted ones who are less than five years of age, in Mississippi less than twenty have been found who could possibly have been made blind by infection at birth. Not one of the blind Negroes of all ages in Mississippi known to Dr. M. L. Batson, superintendent of the state institution for the blind, can attribute this affliction to infection at birth, while of the white children in the school—the only white group for which statistics are available—nearly 17 per cent were blinded by ophthalmia neonatorum.

Nobody knows why this difference exists. Some doctors say that the Negroes, through generations of contact with venereal diseases, have developed a kind of immunity which protects the new-born baby's eye from the ever-present sources of infection. Others scoff at that, and insist that it could not be so. Some one suggested that maybe the infected babies die, but the doctors all say that could not be true for in that case the doctors would have heard about them. Anyhow, they will agree that the facts disclosed by this search for blind Negro children are certainly not in harmony with the generally accepted theory concerning the cause of a large percentage of the cases of blindness in white children.

KATE HUBBARD

Southwestern Horizon

Blind Black Babies

For nearly three hundred years the white people of Mississippi have thought very little of the Negro children and especially the blind Negro children. According to survey of April 15th, the Blind Association of the state decided it was time to take an interest in the blind black children with a view of giving them vocational training to fit them to earn their own living.

The white institutions for the blind were crowded and of course there was no hope of getting them in these institutions if they were not. So the association decided to organize a class of ten blind black children and when this number was enlarged (and surely it would be since Negro children are susceptible like other children to "infection at birth" which causes trouble), they would build a school for blind Negro children. You say how charitable these white people of Mississippi have become over night—why the change; may be the exodus accounts for it.

Mr. Bura Hilbun, state supervisor of Colored Schools and Mrs. Lawrence Jones, President of Colored Woman's Federated Clubs of the state, and wife of Dr. Lawrence Jones, principal of Piney Woods School, were appointed by the board to find these ten blind black children. At first they thought their task would be an easy one, but lo, it became a difficult one.

Mr. Hilbun wrote the Jeanes Supervising agents of the state asking for names of blind black children—he got three names.

The Blind Association was not able to find one. The results of the search astounded, as well as interested Dr. W. S. Leathers, executive secretary of the Board of Health, who never saw a blind Negro child and decided to make a more intensive canvass for blind babies. He sent 1,700 letters to physicians of the state asking for the names of the blind babies of the Negro race in their section. If they did not answer the letter it would mean that there were no blind Negro children in their vicinity. Two hundred answered and of this number, one hundred and seventy wrote to express their interest in the investigation—anad stated, "they did not know a black blind child." These are a few excerpts from the letters of those who answered: "There are none in my county, I am amazed to find this true." "I never thought of this before, but I am certain that there is not one in my territory." "I can not recall ever having seen a blind Negro child." "I have an extensive Negro practice and a wider acquaintance but I have never seen a blind Negro child." "I have had a wide practice among Negroes for twenty years, but I have never seen a blind Negro child." This answer came from a delta town where the Negroes far out number the whites: "I know of one Negro boy who lost his sight as the result of a blow on the head." "One Negro child in my county is blind from the effects of a powder explosion." "One Negro girl is blind in my territory as the results of a gun-shot wound." Out of the thirty cases found in the whole state there was not a case reported as the result of infection at birth. This is wonderful when you stop to think that there are 418,481 educable Negro children in that state, not taking in those who are below five years of age or over twenty-one years of age.

Now they wanted to find the cause for this shortage of Negro blind children. Dr. M. L. Batson, superintendent of the state institution for the blind attribute this affliction to infection at birth and stated that nearly 17 per cent of the white blind children of the school were blinded by "infection at birth."

Some of the doctors accounted for this shortage on the part of Negro children by saying, "that Negroes, thru generations of contact with veneral diseases, have developed a kind of immunity which protects the new-born baby's eye from the ever present source of infection". Now don't get mad at this reason given—remember these white people have got to make an argument in favor of the white race and they do not mind smashing every result and fact established by science to do so. Many of the doctors, as bad as they want to make an argument in favor of the white blind children, refuse to accept this one.

Others trying to make an argument say, "the blind Negro babies die"; but if this were the case there would be a record of their death surely, and then, too, why would the Negro infected babies die and the white's live?

Can't the white man twist arguments and facts to make a case for himself? Listen to the "conclusion of the whole matter" by Kate Hubbard, author of the article, "Any how, they will agree that the facts disclosed by the search for blind Negro children are certainly not in harmony with the accepted theory concerning the cause of a large percentage of the cases of blindness in white children." Now do not get mad—you remember when they said the Negro could not learn Greek and Latin and that he did not have the brains to rise, do you not? You also remember when some read Greek and Latin and amounted to something, it was said only the "yellow ones" could—those with white blood. But when those with black skins rose to great scholastic heights, they then began to say the Negro is capable of cramming a lot of "classical junk", but he is not capable of putting this into practice—in saying this of course they have lost sight of Carver who is black, has read Greek and Latin and yet gone out into the field and done more with the ground-pea than any other living man. So don't worry about their twisting an established scientific fact to make an argument for the high percentage of white blind children of the state and the low percentage of Negroes. God knew the good white people of Mississippi would not look after the blind Negro children of the state and he would not suffer any to be born blind. Why not account for the shortage in this way, dear brethren?

Health—1924.

Missouri.

ST LOUIS MO STAR
FEBRUARY 11, 1924

THE NEGRO HEALTH PROBLEM.

There is a big problem in Missouri, and especially in St. Louis, connected with the large negro population.

This problem involves a heavy responsibility on the part of the dominant white race, and that responsibility dictates duties. From no higher standpoint than enlightened selfishness, the intelligence of those who rule the government should study the problem, assume the responsibility and discharge their plain duty.

The problem is the health condition of a large section of the negro population. There has been given out lately by the Negro Industrial Commission, a State body, with headquarters in the State capitol at Jefferson City, a report from which the striking figures herewith are taken. They give an estimate of the annual cost of sickness and death among the negroes of Missouri. Here it is:

Population (estimated), 225,000; number of negroes ill all of the time, 13,500; loss in earnings, $1,350,000.

Cost of doctors' bills, etc., $2,600,000; annual number of deaths, 4,500; funeral expenses, $900,000.

Estimated value of lives that could have been saved, $4,000,000.

Financial loss to the State through sickness and death, $8,000,000.

Estimated annual amount that might be saved through sanitary improvement, $5,000,000.

All of these figures are estimated, it is true, but they have been carefully made and are conservative—probably under the facts in some details.

There are two outstanding facts to command attention in those figures:

First, that the number of negroes sick all the time, confirmed invalids, is 13,500.

Second, that there are 4,500 deaths of negroes every year.

It is a well-known fact that most of the constantly sick negroes suffer from contagious diseases, mainly from tuberculosis. It will be seen that they are 6 per cent of the State's negro population.

It is also a startling fact that of the 13,500 sick negroes, one-third die annually, or about 2 per cent of the whole negro population. The aggregate of the sick, however, does not diminish—it increases.

It is well understood by all sanitary authorities in the South that tuberculosis is carrying off negroes more rapidly than all other diseases, and also that the cause of it is largely the crowded conditions in which negroes too frequently live, families of several persons sleeping in the same room, and usually with closed windows and doors.

In various Southern States improved steps have been taken by sanitary authorities to check the spread of tuberculosis and to take care of those hopelessly affected with it. These steps have been taken, first, as a matter of humanitarian duty, in their inception largely by volunteer organizations and private funds, but later with State and county appropriations and official supervision. Secondly, steps have been taken by the property owning and governing whites as a matter of enlightened selfishness, to protect themselves from the contagion arising from industrial and social contact with infected negroes.

It is clear that the situation is becoming acute in Missouri and especially in St. Louis, due to the heavy influx of negroes from the South in the last year or two. Probably many of them arrived in weakened, if not infected, condition. Here the rapid influx has caused greatly increased overcrowding in the already jammed negro tenement districts. A perfect breeding ground for tuberculosis, and all contagious diseases, has been created. The result is forcefully given in the figures above.

Does it not seem clear that immediate and effective measures must be undertaken to relieve this situation? It is not merely a matter of humanity, strong as that incentive should be; it is also a matter of self-protection and self-interest for the white employers and white neighbors of all these 225,000 negroes, of which nearly half are said to be in St. Louis.

The sanitary authorities should have the organization, and the resources to investigate the negro sick, to decide whether their illness is permanent, and if it is contagious, to instruct many of the ignorant ones as to proper precautions and to give them such treatment as the most serious cases require, and probably to isolate the worst cases in open-air camps.

Fundamentally, the white people should recognize the necessity of extending the negro districts so that the present overcrowding cannot continue to be a menace to the negroes and to the whites. This course of white people should be intelligent and wisely directed. It may involve proper pressure on the city government, and it certainly requires the co-operation of property owners, real estate men and capitalists for the rapid and steady provision of more living space and better living quarters for negroes. Something is being done in that direction, but not enough.

It is well known in all Southern cities that no class of property yields better returns than that rented to negroes, especially new houses built for their tenancy. The negro tenant is almost invariably good pay. Usually owners of such property build the houses in suburban localities, where frontage is cheaper, and one owner has scores of houses, so as to employ carpenters and plumbers and collectors on the most economical and efficient basis.

The situation in St. Louis is clearly becoming acute and there must be a concentration upon the problems presented in that official report, and there should be a solution of it somewhat on the lines of long experience in the South.

St. Louis Mo.
Star FEB 11 1924

THE NEGRO HEALTH PROBLEM

There is a big problem in Missouri, and especially in St. Louis, connected with the large negro population.

This problem involves a heavy responsibility on the part of the dominant white race and that responsibility dictates duties. From no higher standpoint than enlightened selfishness, the intelligence of those who rule the government should study the problem, assume the responsibility and discharge their plain duty.

The problem is the health condition of a large section of the negro population. There has been given out lately by the Negro Industrial Commission, a State body, with headquarters in the State capitol at Jefferson City, a report from which the striking figures herewith are taken. They give an estimate of the annual cost of sickness and death among the negroes of Missouri. Here it is:

Population (estimated), 225,000; number of negroes ill all of the time, 13,500; loss in earnings, $1,350,000.

Cost of doctors' bills, etc., $2,600,000; annual number of deaths, 4,500; funeral expenses, $900,000.

Estimated value of lives that could have been saved, $4,000,000.

Financial loss to the State through sickness and death, $8,000,000.

Estimated annual amount that might be saved through sanitary improvement, $5,000,000.

All of these figures are estimated, it is true, but they have been carefully made and are conservative—probably under the facts in some details.

There are two outstanding facts to command attention in those figures:

First, that the number of negroes sick all the time, confirmed invalids, is 13,500.

Second, that there are 4,500 deaths of negroes every year.

It is a well-known fact that most of the constantly sick negroes suffer from contagious diseases, mainly from tuberculosis. It will be seen that they are 6 per cent of the State's negro population.

It is also a startling fact that of the 13,500 sick negroes, one-third die annually, or about 2 per cent of the whole negro population. The aggregate of the sick, however, does not diminish—it increases.

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Health—1924. Missouri.

KANSAS CITY MO TIMES
JULY 15, 1924

MORE AID FOR NEGRO HEALTH.

Mr. William Volker's gift of a tract of land to Wheatley Provident hospital will aid materially in meeting the need in Kansas City of additional hospital and medical facilities for negroes. The gift is another exhibition of Mr. Volker's excellent and well directed philanthropy. It ought to serve as an encouragement to members of the negro race to help extend and then to make use of their health facilities.

Wheatley hospital for a good many years has been an efficient, well managed institution. Its service was broadened when a little more than a year ago the Mercy hospital ward for children was established. The capacity of that ward soon was exceeded, and the need for larger quarters became imperative. Mr. Volker now has provided the ground for a building which will give the ward the larger space needed and at the same time space for a clinic for general use of patients.

The construction of this new building is contingent upon the lifting of a debt from the hospital buildings already erected. That is a wise provision. It will require effort to meet it, but there is little doubt of the outcome. The negroes themselves have shown a commendable spirit in this direction and there is an evident willingness to do more. The benefit to be derived from the bigger institution is certain. It will be of aid in the training of physicians and nurses and will provide for negroes of Kansas City a well equipped and thoroughly dependable hospital. Proper use of such an institution ought to result in a greatly improved showing in negro health.

Health—1924.

Louisiana

MIDWIVES ANSWER CRUDENESS CHARGE

Ital Times-

New Orleans Association Contend Midwifery Methods Are Up-to-Date.

Picayune 4-13-24

A protest against criticisms of New Orleans midwives was made yesterday by the Orleans Parish Midfifery Association in a statement addressed to The Times-Picayune. Miss Mary Railey, executive secretary of the Child Welfare Association, according to the statement, is said to have referred in an address at the association meeting to "the crude methods employed by midwives."

"In the beginning all professions were crude," says the Midwifery Association's statement. "In the past, the methods employed by midwives may have been crude, obscure, and perhaps ignorant, but they have been going forward steadily until today their organization, the Orleans Parish Midwifery Association, is one to be proud of. The members of this association have been taught all branches of modern midwifery, especially that of asepsis, and adhere to them.

"The association members observe all the rulings of the state medical board, pay all licenses required of them, and are granted full privilege to practice their profession. They attend monthly lectures by our eminent physicians. They never refuse to answer calls on Sundays or holidays and for a large amount of their work they receive no remuneration. If their patient needs a doctor, the midwife summons one at once."

Health—1924.

North Carolina.

MAY 3 - 1924

DEATH RATE FROM T. B. AMONG NEGROES IS LESS

Raleigh, May 3.—The death rate among the negroes of North Carolina as the results of tuberculosis has been cut in half since 1917, according to Florence C. Williams, negress, director of health education and organization for negroes in North Carolina. Not only has the death rate been cut in such great proportion but health and living conditions among the negroes over the state have improved materially, says the director.

The director of health education and organization for negroes works under the Extension Department of the North Carolina Sanatorium for the treatment of tuberculosis and in co-operation with the bureau of tuberculosis of the State Board of Health, it was explained, and the work separately and directly among the negroes has been in operation since September 1917. During the first two years of operation under the separate and direct plan for negroes, 800 community leagues were organized of which 500 are still in operation it was said.

The work says the director has now reached vast fields. In the rural districts alone, she states, that 70,000 negroes have been reached and lifted from unhealthful living conditions into a life of cleanliness and health. Nutrition programs have been inaugurated in many of the schools and the children and parents, alike, are taught the proper foods that should be eaten and those that are most nourishing.

Colored People Get Nice Prizes

Newton ~~Negroes~~ Keep Best Premiums

Newton, Sept. 8.—Some time last May the social service committee of the woman's missionary society of the Methodist church, Mrs. D. Lee Setzer, chairman, offered four prizes to the colored people of Snow Hill and Radertown, the negro sections of Newton, for the best kept premises. On last Sunday a committee, consisting of Mayor L. H. Phillips, H. H. Lowry and D. Lee Setzer, was appointed by the society to inspect the homes of the colored people in the above mentioned sections. After a careful inspection it was found that Monroe Wilson was entitled to the first prize, $3, and Richard Fry the second prize, $2, for the cleanest places on Snow Hill. In Radertown Lucy Ramseur won the first prize. $3, and "Aunt" Rhoda Best the second, $2. Those eligible to the contest had to have children of school age..

The society will give similar prizes next year. The committee was well pleased with the sanitary conditions on Snow Hill and in Radertown. Our colored people are to be congratulated for the pretty little homes they own and the way they are kept up. Monroe Wilson and Rich Fry, and Lucy Ramseur and Rhoda Bess have pretty green lawns in front of their homes and an abundance of all kinds of flowers growing in every nook and corner.

Health—1924.

General.

YEAR-ROUND HEALTH PROGRAM.

LEARN WELL! DO WELL!

These Will Help You

KEEP WELL!

1. Ventilate every room you occupy.
2. Wear loose, porous clothing suited to season, weather, and occupation.
3. If you are an indoor worker, be sure to get recreation outdoors.
4. Sleep in fresh air always; in the open if you can.
5. Hold a handkerchief before your mouth and nose when you cough or sneeze and insist that others do so too.
6. Always wash your hands before eating.
7. Do not overeat. This applies especially to meats and eggs.
8. Eat some hard and some bulky foods; some friuts.
9. Eat slowly-chew thoroughly.
10. Drink sufficient water daily.
11. Evacuate thoroughly regularly
12. Stand,sit, and walk erect.
13. Do not allow poisons and infections to enter the body.
14. Keep the teeth, gums and tongue clean.
15. Work, play, rest, and sleep in moderation.
16. Keep serene. Worry is the foe of health. Cultivatet the companionship of your fellow men.
17. Avoid self-drugging. Beware the plausible humbug of the patent medicine faker. you carefully once a year. Also consult your Dentist
18. Have your Doctor examine at regular intervals.

DETROIT MICH. FREE PRESS
JUNE 14, 1924

THE NEGRO IN THE NORTH.

The Negro from the South is taking the place of foreign-born immigrants as a source of labor supply in the north, according to the latest data the census bureau has. Dr. Hill of the bureau staff tells us this in an article just published by the labor department's review. But whether the north is well suited to the Negro is another question, and Dr. Hill says frankly he does not know its answer.

Until about two years ago, migrating Negroes were evidently losing ground in their northern habitat. Between 1914 and 1920 their vital statistics were showing a proportion of 114 deaths to every 100 births in this region, and such a tendency could evidently have but one ultimate result—extinction upon the part of the race that came to latitudes to which it was unadaptable. However, Dr. Hill finds in the later statistics room for a different view of the matter. In the same northern states, he says, the number of deaths of Negroes to 100 births was only 83 in 1920, 1921 and 1922, taking the three years together.

This later report needs some dissecting, it seems. Its contrast with the earlier ratio is in reality exaggerated for the reason that the death rate between 1914 and 1920 was swollen by the influenza epidemic and the World war. Normal mortality figures for the period would probably reflect less difference than is shown from the total of recent years. Also there is some reason to think that the Negro birth rate is lower and the Negro death rate higher in the north than in the south, facts which bear directly on the question whether the race can survive in the more rigouous climate.

The matter is one involving considerable economic importance, for the northerly trek of the Negroes has been making material changes in urban industrial conditions. Of the laborers in Detroit's automobile plants, for instance, 13.5 were Negroes in 1920, according to the census returns, against less than one-half of one per cent in 1910, while the proportion of Negroes among building and general laborers in this city increased from 3.2 per cent in 1910 to 19.4 per cent in 1920.

JUL 3 - 1924

"Unquestionably the Negro is today the victim of a higher sickness and death rate than the white man. And just as truly is he the victim of bad vital statistics from which he is suffering economically and socially. If the real truth about the Negro's health condition is ever to be known and given to the world the facts must be gathered by members of our race trained in this most important field of public health. Our industrial insurance companies afford a wonderful opportunity for studying these facts, and sooner or later they must recognize this as valuable asset for both themselves and our race. The best statistics are at their very best mere expressions and findings whose truth is relative, but inasmuch as we are on the wrong side of the ledger we are pointed out as an unhealthy menace to America and suffer much therefrom. Our schools, colleges and universities must join forces in determining as nearly as possible the truth relating to our physical condition. It must remain for them to sow into the minds of the young and stimulate to healthy growth the health instinct and the importance it bears to the future well being of our people. We must get at the truth through the sources within the race best fitted to render the service we so badly need, and most certainly our institutions of learning should take the lead.

"Just in proportion as we feel the thrill which springs from healthy bodies, minds and souls, will we make our contributions to civilization along all lines of human endeavor. The world is never intolerant to those who do, but toward these who continue to make excuses for not doing, a very righteous contempt is felt and practiced. That energy which is always back of health and long life fires the mind and soul to high things, making any and every human accomplishment possible. The situation of the Negro in America is just like the banking business. We can not expect our checks to be honored for a single bit more than we have on deposit. We shall meet embarrassments here, humiliations there, restrictions today and obstacles tomorrow, but what of them so long as we can feel the urge and surge of power pulsating through our whole being, as we face the world conscious of the fact that we are adding our account to its bank of progress, betterment, happiness and accomplishment. Then and not until then shall our checks calling for justice and righteousness in all things be honored—if not with a smile, most certainly with respect. Who can want more?"

Health-1924.

Maryland.

WEAK LINKS IN HEALTH CHAIN

One of the weak links in our health chain that should command the most serious attention of every civic and religious force and the consideration of those responsible is the hospital problem.

Afro-American

The present system fails fully to provide facilities for colored people, and leaves entirely unsolved the problem of professional contact. In the municipal and State hospitals, supported by tax-payers, colored physicians and nurses are not allowed to practice. This automatically shuts out the large number of patients under attendance of colored physicians who need hospital treatment. In addition, this one-sided system prevents the proper development of physicians by daily and constant hospital experience. It is one of the weak links that serves to augment our high mortality.

8-8-24

If the city and State authorities are settled in their policy to deny colored people the full advantages of publicly supported hospital institutions, some definite provision on a large and adequate scale should be made for hospitals where colored people and colored physicians and nurses can co-operate to better health conditions.

In this connection, we are wondering why the recently purchased plant on Division street is allowed to remain idle so long?

THE NEGRO AND THE COMMUNITY

Baltimore's negro death rate is nearly twice that which obtains among its white population. To be exact, the Health Department reports that in 1924 the rate among negroes was 22.60 for each thousand of that race resident in the city, while the rate among white citizens was 12.75 per thousand.

In this simple statement is seen the result of conditions against which serious protest has been and will continue to be lodged by all who appreciate their significance. Poorly constructed houses of bad design and in need of repair, streets and alleys with defective drainage, congested living conditions—these are some of the factors which prevent the negro from attaining the standards of health which the white race reaches without difficulty. In large measure they are beyond the power of the negro to remedy. He must usually wait for landlords to build his houses. He certainly must wait for the city to drain the streets in the districts where he lives and to open up highways through the dense settlements into which he is now crowded.

The excessive negro death rate is thus a municipal problem, even though it is due in part to the ignorance in which many of that race dwell. It is more than a racial matter because of its implications, for negroes freely travel through the city and supply a majority of the servants that work in its homes. The condition of health in negro families is not only a challenge to the conscience but to the intelligence of the community which seeks to control disease throughout the city, for while any part of its population lives under disease-breeding conditions the health of the whole city is adversely affected.

Health—1924

Indiana.

A GREAT OPPORTUNITY FOR THE BOARD OF HEALTH

It is a matter of note and appreciation that the Board of Health, at last, recognizes the injustice done the Negroes of the community in refusing to make any provision for the training of Negro nurses and internes or for putting Negro physicians on the staff or giving them other hospital experience. The injustice was done the entire community, since health is a community, not a racial problem. To recognize a wrong is the first step in correcting it where sincere people are concerned.

The Freeman

It is proposed by the Health Board to make a beginning of reparation by admitting a small number of Negro girls to be trained as nurses. The trouble with this plan is that it does not go far enough and really blocks the way for an adequate program. Judging the future by the past one can readily see that another generation would pass before another step forward wuld be taken. It is a cheap argument that says, "You have not had anything, therefore, you ought to be thankful for the least favor.' The matter of Negro health is vital to the city and the fact that nothing has been done, is all the more reason why something worth while and ample should be undertaken.

3-13-24

The forty thousand Negroes here, since segregation is the order of the day and is already established must have well trained Negro physicians, surgeons, nurses, internes, clinics and whatever else is necessary for the health of a people. There is special need of opportunity for Negro internes. The Freeman does not believe that the tens of thousands of fair minded, public spirited, Christian white people of Indianapolis know the truth about conditions. These pepoel do not know that a young Negro doctor here is compelled to go to go to Louisville, or St. Louis, or Chicago to get experience as an interne. They do not know that Negro patients here in Negro wards are denied the privilege of Negro nurses or Negro physicians. Indianapolis should hang its head in shame.

There is now since matters have gone so far as they have but one solution for the problem. Indianapolis must have a complete Negro hospital adequate in size and equipment to take care of Negro health conditions; an institution manned from top to bottom with Negro leaders in medicine. Such an institution should be had now. Is Indianapolis to trail behind such cities as Louisville, Kansas City, and St. Louis in such matters? There are no insurmountable obstacles in the way. Of course, such an institution will cost money. Could public money be spent to greater advantage to the community than to conserve its health? Negroes are taxed for hospitals here and denied their full advantages under the present regime. Negroes are ostrcised, segregated and set aside as contagious. Will our white citizens who talk loudly of social fair play, take a stand for any kind of justice toward these people? At all events the Board of Health has a great opportunity to lead out in this matter in a way that will do credit to a great need in a great community. The City hospital with all of its advantages should be thrown wide open to all citizens. Indianapolis has refused to do this. Is it asking too much that Negro citizens should be provided with equality of opportunity where their own people are concerned?

Head Of Board Of Health May Help In Drive

Pittsburgh Courier

INDIANAPOLIS, Ind., July 17—The now famous Monday Luncheon club, scene of many stirring speeches by as many famous speakers, had the honor of hearing the president of the Board of Health, Mr. Sol Schloss, Monday. Mr. Schloss' timely speech was well taken by the members and created much comment, much of which took place immediately after adjournment and developed into heated discussions of the possibility of the now assured school of nursing of which Mr. Schloss contributed much of his time and energy in securing for the colored girls of this state.

The question discussed mostly in the after session of the club revolved around whether or not it was the proper thing to do, to accept the school of nursing and then seek to gain entrance to the hospital for colored physicians and internes, or to fight for an entire separate unit, wherein both would have an opportunity to share in the benefits of this experience. The majority it seemed agreed to the suggestion that a fight be made to have an entire unit, stating that it was the best thing for the people, and that the best time to get this would be right now. It looks as if the Negro in this city is about to come into his own, for, through constant vigilance will he be able to get even a few of the things which he desires, deserves and is entitled to.

The school of nursing, according to Mr. Schloss, will open about September 1. It was intended to have the school in operation July 1, but a mix-up in the affairs prevented this school from opening at this time.

Regarding the hospital unit, a prominent citizen said after the meeting: "We have segregation as it is, and we will continue to have it—but what we should insist on is getting the best of the segregation, by this, I mean that we should have the best of everything, though we have to get it apart from the others." This expression seemed to have voiced the sentiments of the majority of the members and it will only be a short time before the interested parties will start this movement which will no doubt prove successful.

7-19-24

The address of Mr. Schloss was perhaps one of the best ever heard at the club, coming straight from the shoulder and heart.

Health—1924.

Georgia.

REGISTRATION BIRTHS PUSHED

The health department is making a vigorous effort to have all births in the city registered at the city hall within the required time. For failing to meet the requirements of the department along this line the license of one midwife, Mrs. Jane Gilliard, was revoked last week and she was fined $25 or thirty days in jail. Mrs. Gilliard was convicted in police court on five counts of failing to report births within five days and on two counts for disobeying regulations regarding midwifery.

In discussing the matter with a Tribune representative, Dr. Bassett, city health officer, said that the health department is planning to take strenuous steps to enforce the proper abedience to the laws in respect to the registration of births and that the department is desirous of having the cooperation of the community in seeing that births are properly reported. He also stated that not only have many of the midwives been guilty of neglecting to report births but that many of the doctors have been derelict along this line.

The rules and regulations governing midwifery are very plain and strict and are easily understood by those who wish to practice the profession properly. No one is allowed to practie the profession here who does not hold a license from the city health department. In order that the public might know just who the women are who hold these licenses a list is here given of the authorized midwives of the city and county: Ida Collins, Port Wentworth; Georgia Barron, 901 West 40th; Mattie Cuyler, 725 West Park avenue; Lela Johnson, 722 West 43rd; Lucy Newkirk, 319 West 56th; Angel Edwards, R. F. D. 3, box 297; Annie Green, 656 Wheaton; Sarah Harris, 1513 Reynolds; Henrietta Hazel, 801 Broughton lane, west; Amelia Hargrove 623 West Waldburg lane; Dareus Wright, 550 Olive; Rosa Lee Brown, 608 Price; Janet McBryde, 221 Pearl; Elizabeth Scott, 546 East State; Clarissa Sanders, 2509 Florence; Eva Davis Ruth, 430 Guerrard; Dilsey Verdier, box 402, Augusta road; Adeline Walker, 234 Arnold; Julia Burroughs, 221 West 46th; Annie Ling, 118 Fahm; Janie Fields, 667 Berrien; Celia Hazel, Tatemville; Mary Irving, 637 West 31st; Susan Gordon, 506 E. Gwinnett; Ethel Green, 815 West 39th; Anna Duncan, 641 West Bay; Lizzie Brown, 807 East Hall; Lucy King, R. F. D. 3, box 462; Eliza Davis, Tatemville; Frances Simmons, 302 Pearl; Margurite Sweedenbery, 1810 West Broad; Helen Burton, 508 George; Viola Brown, 622 Indian; Katie Gibbs, 63 Bee.

SEP 18 1924

Health Meeting for Negroes September 28

Much interest is being shown by negro citizens in the public meeting to be held on the night of September 28 at 7:30 o'clock at Thankful Baptist church for the consideration of health questions. A strong program of addresses by negro doctors has been arranged and there will be interludes of music. In addition to the addresses that have been announced previously there will be one on "Reminiscences of Medicine," by Dr. C. I. Cain.

Health—1924. General.

DEC 18 1923

THE NEGRO AND TUBERCULOSIS

The Census Bureau has just given out statistics revealing the progress made in fighting tuberculosis. As regards the country at large the showing is remarkably encouraging. The death rate from tuberculosis has fallen from 150 per 100,000 of population in 1918 to 97.4 last year. Thus the rate is less than two-thirds what it was five years ago. There is a striking variation in the death rate from State to State. Following appears the rate per 100,000 people in the States showing a decrease in 1921:

"Connecticut 93.7, Delaware 119.8, Illinois 83.8, Indiana 87.6, Louisiana 119.8, Maryland 130.2, Massachusetts 93.8, Michigan 68.0, Minnesota 69.5, Mississippi 107.4, Nebraska 36.5, New York 99.8, North Carolina 102.5, Ohio 85.8, Oregon 71.6, Pennsylvania 89.9, Rhode Island 94.8, South Carolina 109.5, Virginia 130.3, Washington 78.2, Wisconsin 71.2."

The rate in States showing increase follow:

"California 159.1, Florida 100.8, Kansas 43.9, Kentucky 132.8, Maine 84.4, Missouri 94.9, Montana 64.5, New Hampshire 89.2, New Jersey 95.0, Tennessee 148.1, Utah 41.4, Vermont 92.5."

The report goes on to state that the relatively high rate in some of the Southern States is due to the abnormal rate among negroes. This is brought out startlingly by the following figures:

The figures at the right of the column give the rate per 100,000 of each race respectively.

Florida. (Total 1,032.)	
White, 446	64.8
Negro, 586	174.5
Georgia. (Total 2,631.)	
White, 963	54.9
Negro, 1,065	135.9
Louisiana. (Total 2,198.)	
White, 789	69.4
Negro, 1,049	201.7
Mississippi. (Total 1,924.)	
White, 414	48.4
Negro, 1,511	181.5
North Carolina. (Total 2,716.)	
White, 1,318	71.0
Negro, 1,398	176.2
South Carolina. (Total 1,891.)	
White, 425	49.7
Negro, 1,466	168.0
Tennessee. (Total 3,520.)	
White, 2,195	113.7
Negro, 1,325	296.8
Virginia. (Total 3,092.)	
White, 1,457	86.9
Negro, 1,635	234.8

We have here fresh corroboration of the fact, now well recognized, that the negro race is peculiarly subject to attack and death by diseases of the respiratory organs. This race was adapted to live in a torrid country, where strong and expansive lungs were not needed. Transferred to the climate of North America, a high percentage of the race must inevitable suffer the penalty of poor physical adaptation to colder conditions.

FORT WORTH TEX TELEGRAM
DECEMBER 24, 1923

The Vanishing Negro.

STATISTICS quoted in the current issue of The World's Work in commenting upon the susceptibility of negroes to disease show that the race is gradually dying out. It is stated that the average expectation of life in the case of boys is nine less for negroes than for whites and of girls 12 years less. An insurance company's figures show that tuberculosis kills eleven times as many negro boys between the ages of 10 and 14 as white boys, and about eight times as many negro girls as whites, and that the general death rate of negro groups in the United States amounts to half as much again as the white; in some districts it is twice as great.

The negro in this country can increase only by an increased birth rate, for immigration contributes little to his growth. In proportion to the white population he is yearly becoming less numerous.

The importance of these statements, backed by modern science, is augmented by the existence at this time of a pronounced movement of the negro population to the North. Much of the higher susceptibility to disease of the American negro over the American white man is due to the fact that the negro is not indigenous to the country. The negro is of a tropical race, consequently in the North Temperate Zone is exposed to assaults of disease organisms for which his body through its tropical heritage has developed no adequate resistence. Chief of these destroyers is tuberculosis, the scourge of the colder climates inhabited by man. In migrating to the North of the United States from the South, which possesses a climate nearer that of his racial nativity the negro is further exposing himself. Such a migration on a large scale is equivalent to a death warrant for the negro in the United States.

Metropolitan Life Says Average Life Of Negro Has Increased

New York, Feb. 5.—Outlook for a longer life for the average American Negro is very bright, studies made by the Metropolitan Life Insurance Company's statistical division reveal. And this tendency reflects a far-reaching change in the economic and social life of America today, in the opinion of Dr. Louis I. Dublin, statistician.

Briefly stated, the life span of the American Negor has been lengthened five years during the last decade. This is due to two great factors. First of these is the increasing interest on the part of the organized public health movement in the well-being of the Negro and more especially the nursing health service. The second is the awakening of the Negro race to its opportunities for better conditions of life and labor.

While the death rate among the Negro population is still in excess of that among white persons, the gap is gradually being lessened. Control is being gained over tuberculosis, typhodi fever, malaria an dother diseases which saused high death rates among Negroes ten years ago. This is being brought about by the Negroes themselves, Dr. Dublin believes through their press and other facilities for teaching prevention measures, as well as through other public health agencies. The condition of the Negro in towns and cities of the North as well as the South is much improved in recent years, and Dr. Dublin's studies indicate that the improvement will probably continue.

Concrete figures regarding the health and life span are found in the records of the Negroes insured by the Metropolitan Life Insurance Company. Most of these are dwelling in communities. In 1911 and 1912, it is shown, the colored boy or girl of ten years old could expect to live an average of 41 years and two months more. In 1922 the Negro lad who became ten years of age could expect to live 46 years and nine months longer, an increase of above 5 1-2 years. The Negro girl who became ten years old in 1922, according to these studies, might expect to live 46 additional years, or nearly as long as her brother.

As compared with the outlook among white persons, this gain in the span ofthe average colored man's life was only slightly lower than among white men. And colored girls were found to have a prospect of an average gain of a year and four months over white girls of the same age.

Health Films Reviewed

Subject: Working for Dear Life.
Producer: Metropolitan Life Insurance Company with the advice of the National Health Council.
Distributor: Metropolitan Life Insurance Company, 1 Madison Avenue, New York.
Length: Two reels.
Rental: Transportation charges only.

That one's body requires the same regular and thorough examination that the various mechanical contrivances receive, which make for the daily comfort of the man of to-day, is the central idea of this very effective health film. But more than this, the film also succeeds in giving the audience a working idea at least of what a thorough health examination should be.

Subject: Well Born.
Producer: Carlyle Ellis for the Children's Bureau, Washington, D. C.
Distributor: The Children's Bureau, Washington, D. C.
Length: Two reels.
Rental Transportation charges only.

With so much emphasis on maternal and infant welfare, it is only fitting that so superb a picture as "Well Born" should appear on the health-movie horizon.

The producers of this film may be congratulated on having presented in most attractive style the various points that should be emphasized in adequate pre-natal care.

Mr. Ellis, as usual, has chosen the story form, but the narrative element serves only to more gracefully present the facts and does not in any instance detract from the interest in the subject matter. The audience is introduced to a city woman and a country woman, both of whom are preparing for their babies' coming. As the slender plot unravels, we find both husbands assuming their proper responsibilities.

The photography is excellent, and the atmosphere of the picture is happy throughout. In short, the picture is an achievement and received the high commendation of the Health Films Committee.

Houston Post FEB 7 1924

Negro Births and Deaths

(From the Toledo Blade.)

A census monograph, published in 1922, devotes several pages to a study of the migration of the negroes out of the South into the industrial sections of the North, saying "it is

Since the census taking in 1920, the migration of negro deaths outnumber births, in States, indeed, that the returns of the federal census reflect such a wide and general racial movement." In ten years, Mississippi lost a negro population of 75,000. The negro population of Chicago increased from 44,103 to lation of Cleveland from 8448 to 40,- 109,458; that of Cleveland from 8448 to 40,- 838; in New York, from 91,709 to 152,467. cox declared that "in every one of the North- has accelerated. The ten-year increase 6.5 per cent. the "lowest on record." The tically at a standstill. After a careful investigation of the subject, Professor Walter F. Wilcox declared that "in every one of the North- States was are reversed." But the South, an area of nul- The next application, has rapidly been deserted.

How to Keep Well. By Dr. W. A. Evans.

Questions pertinent to hygiene, sanitation, and prevention of disease, if matters of general interest, will be answered in this column. Where space will not permit, or the subject not suitable, letters will be personally answered, subject to proper limitations, and where a stamped, addressed envelope is inclosed. Dr. Evans will not make a diagnosis or prescribe for individual diseases. Requests for such service cannot be answered.

[Copyright: 1924: By Dr. W. A. Evans.]

WHEN "MOTHER" FALLS DOWN.

A SCHOOL nurse writes: Of course, "mother" will be furious But think about it and then hat us or agree with us.

Do you know that about 60 per cent of your fond offspring are coming to high school each morning without breakfast? What is the outcome? About 1 a. m. they have a nice, dizzy headache or, better still, a beautiful sensation of seasickness in their stomachs. And why so? Here are a few of their answers:

"Mother didn't get me up in time to eat breakfast."

"Mother didn't have time to cook me some breakfast this morning."

"Mother didn't have anything I liked for breakfast."

"Mother didn't keep breakfast hot for me."

"Mother didn't have anything to eat (?) in the house."

There you are, "mother!" How much responsibility do you assume seeing that each member of your family eats breakfast? Yes, we hear your alibis, but you will admit you are the household manager, will you not? Then why is it not your duty to see that your family does eat breakfast?

Did you ask what we might consider a breakfast? Simple food—fruit (dried or fresh), cereal, toast, cocoa, or milk. And please, "mother," no coffee or tea, as these drinks are stimulants, and you know the youngsters need no stimulant to go to school, because they have to go anyway.

Here is an interesting fact, and one that may surprise you. We seldom find a colored boy or girl who has not eaten breakfast. Now why, when and where did the colored race learn the value of breakfast and the white race fail to do so?

Well, "mother," what do you think about it? Will you help the youngsters —not us—we don't need it—we eat breakfast.

REPLY.

As a rule, investigators have found the proportion of undernourished children among the poor is smaller than it is among those having more means.

When they have tried to find the cause, they have found that one of the reasons, though far from being the only one, is the breakfastless day, or the poor breakfast day. Upon investigation they find that the children who go to school without breakfast, or who have had an improper breakfast, are not always poor children. Among the comparatively well to do it is about as large as it is among the poor.

BALTIMORE MD EVE. SUN
MARCH 31, 1924

NEGRO DEATHS INDICATE RACE IS ON DECLINE

Increase Cut In Half In Past 20 Years In Entire Country.

MIGRATION TO NORTH CONTINUES AT FLOOD

Death Rate There Is Higher And Birth Rate Lower Than In South.

By Henry M. Hyde.

THE tremendous death rate among negroes from consumption, pneumonia, organic heart afflictions and other major diseases gains new meaning when the birth and death rates of negroes in the North are compared.

In the area including the New England States, New York, Pennsylvania, Michigan and Minnesota for the six years from 1914 to 1919, inclusive, there were 114 deaths among negroes, as compared with 100 births. In other words, the negro population was somewhat rapidly dying off. But for increased immigration from the South the negro in this Northern district—if this proportion had continued—in a comparatively few years would have become extinct.

BUT later figures make it plain that the years under consideration were abnormal. Figures for the same States, covering the three years 1920-22, show that the number of deaths as compared with births was only 83 to 100. Apparently negroes are beginning to adapt themselves to living conditions in the North. The danger of racial extinction seems to have vanished.

But meanwhile the Northern death rate continues much larger than in the South, while the birth rate is smaller.

On the whole, and taking the whole country into consideration, the negro race seems to be losing ground, at least its increase has been cut in half in the past 20 years, almost all of the loss coming in the decade 1911-20. For that 10 years the percentage of increase in the negro population of the United States was only 6.5, as compared with 11.2 for the previous decade and 13.8 for 1891-1900.

TO what extent the decrease is due to the surplus of deaths in Northern cities is uncertain, though it was the largest factor. So long as the negro migration to the North continues at flood, it is likely that the total increase in the negro population will be very small.

There are now living north of Mason and Dixon's line about 1,600,000 negroes, as compared with 8,500,000 in the South. In 1870 negroes made up more than a third of the population of the South. Now they are only one-fourth of the total. In the North the negro still represents—in spite of the continuing migration—only 2.5 per cent. of the population.

In practically every Southern city the proportion of negro population is decreasing. The drop runs from 5 per cent. downward. In Birmingham, New Orleans and Baltimore the negro population is almost stationary in the proportion it bears to the total. In each of these three cases the decrease is less than one-half of 1 per cent.

IN almost every Northern city the proportion of colored people is on the increase. In Chicago it has doubled, in Cleveland it has been multiplied by three within 10 years.

The one Northern city of more than 100,000 population which has the largest percentage of negroes would not be easily guessed. It is Kansas City, Kan., where the proportion is about 15 per cent. That is probably due to the large number of packing houses located in the city. They employ large numbers of negro laborers. The proportion of negroes to the total population is apparently larger in Atlantic City than in any other city in the North. About 22 per cent. of the people of the Jersey resort are colored.

It is startling to note that there are more negroes in New York than in any other city, North or South. And both Philadelphia and Chicago number more black people than are gathered together in any one place in the South. Among Southern cities Washington and Baltimore are considerably in the lead, almost even, with about 110,000 negroes each.

IN the South 60 per cent. of the male negro workers are employed on the farms. In the North only 6 per cent. are engaged in farm work. In fact, only a very small number of them live outside the big cities. And in those cities all but a few of the negro population are engaged either in domestic service or as unskilled or semi-skilled labor. In Chicago nearly 10,000 negroes work in and around the stock yards. In Philadelphia 60 per cent. of the longshoremen and stevedores are negroes.

But the idea that negro emigrants from the South can to any considerable extent or for any long time make up for shutting off the supply of immigrant labor from Europe is fallacious. In the 10 years prior to 1920 more than 10,000,000 immigrants from Europe were admitted to the United States. That is more than the total number of negroes in the South.

ROCKEFELLER AID TO MEDICINE WIDENS

President Vincent of the Foundation Tells of Health Work in Many Nations During 1923.

CENTRAL EUROPE'S PLIGHT

Precautions Taken to Prevent a Break-Down of Medical Science in Germany.

The Rockefeller Foundation announced yesterday that a review of its activities during 1923 would be made public within a few days. The following section of the review, written by Dr. George E. Vincent, its President, summarizes the year's work of the International Health Board, the China Medical Board and the Division of Medical Education of the Foundation:

"Supplied fellowship funds for 636 individuals in twenty-nine countries;

"Supported through the League of Nations interchange institutes for fifty-four public health officers from twenty-seven nations;

"Arranged international visits of one commission and of twenty-four visiting professors;

"Furnished emergency relief in the form of medical literature or laboratory equipment and supplies to institutions in fifteen European countries;

"Sent scientific material to Japan after the earthquake and invited a group of Japanese medical scientists to use the laboratories of the Peking Union Medical College as guests;

"Continued to contribute to schools or institutes of hygiene at Harvard, London, Prague, Warsaw and Sao Paulo, Brazil;

"Cooperated in nurse-training at Yale University and in France, Belgium, Brazil, China and the Philippines;

"Accepted an invitation from Brazil to participate in a comprehensive attack upon yellow fever;

"Had a share in demonstrations of malaria control in twelve American States, Brazil, Australia, Nicaraagua, Porto Rico, Salvador, the Philippine Islands and Palestine;

"Either continued or began anti-hookworm work worm in conjunction with twenty Governments in various parts of the world;

"Contributed to 183 county health organizations in the United States, New Brunswick (Canada) and Brazil;

"Continued a study of the medical school of the world by visits to Belgium, Austria, Czechoslovakia, Germany, Hungary, Poland, Turkey, Hongkong, the Straits Settlements, Siam, Canada, England, Scotland, Wales, the Netherlands, Mexico and Colombia;

"Offered to contribute 280,750 pounds sterling to the development of medical education in certain universities in the British Isles;

"Gave $500,000 to the University of Alberta and pledged $250,000 to the University of Pennsylvania toward buildings for anatomy and physiological chemistry;

"Continued to support a modern medical school and teaching hospital in Peking;

"Aided two other medical schools and twenty-five hospitals in China;

"Assisted premedical education in several institutions in China and agreed to do this also in Bangkok, Siam."

The plight of young medical scientists in the Central European countries and the Balkans has recently become so critical, Dr. Vincent said, that the continuity of workers has been seriously threatened. In Germany especially the danger of a breakdown has aroused the anxiety of the scientific world.

"The Rockefeller Foundation, therefore," he adds, "in the interest primarily of modern medicine, asked a committee of German scientists to select promising younger workers who, if they had no aid, would be compelled to turn to other pursuits, and to appoint them to 'resident fellowships.' In 1923 the committee granted 194 fellowships."

Health—1924. General.

REDUCING THE DEATH RATE.

Some twenty years ago the daily newspapers were giving space to the predictions of various medical men and insurance experts to the effect that "the Negro race is dying out." The race itself did not take much stock in such prophecies, although the death rate was greater than it should have been, but thoughtful men attributed this to the normal causes and urged the proper remedies. Despite the fact that the birthrate has fallen off to some extent, according to the latest census reports, the mortality among Negroes has perceptibly decreased.

N. Y. Age

The cause for this lessening of the ravages of disease is due to the progress of health education and the knowledge of how to take better care of the body and the home. The figures which testify to this improvement in the ability of the race to withstand disease were quoted by Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company, in his address before the National Conference on Social Work at Toronto. They were taken from the records of the company, which includes nearly two million Negroes among its fifteen million industrial policy holders.

2-19-24

The detailed mortality records of the company, which began in 1911, showed that the Negro death rate had dropped more than one-sixth in 1923. The average colored baby at birth today can expect to live more than forty-six years, as against the expectancy of fifty-eight years for the average white baby. This higher expectancy for the latter is due to the fact that health education has been in progress for a longer time among this class of people. When the health agencies have been working for as long a period among the Negroes there is reason to expect that they will have made similar progress.

The agencies that contributed to bring about these improved health conditions are the distribution of educational literature, attendance of visiting nurses in illness, advice to mothers regarding their own care and the care of babies and the recommendation for periodical health examinations. All these welfare measures, many of which have been provided by the insurance companies for the benefit of their policyholders, have helped to cut down the death rate. It shows that many of the causes that contributed to this excessive death rate were preventable by proper care and precautions.

Tuberculosis still remains as the greatest cause of death among the colored people. One in every six is reported as dying of this disease, although great improvement has been made in recent years. This improvement is attributed to the great advances made in economic and social conditions. The race is credited with good physique and, with the knowledge and the determination to take better care of themselves in regard to changing environment, there is every reason to believe that this scourge may be abated.

Long life and good health can only be attained by the observance of the laws of nature. An active life of industry, with proper food and clothing and adequate rest and recreation, are a good way to attain these ends.

NOV 3 1924

THE NEGRO'S HEALTH

The white man generally has harbored the notion that the colored brother is fundamentally a weaker vessel. In the south statistics show that the negro succumbs quickly to tuberculosis and the race has a high death rate. Strangely enough, little thought seems to be given to the facts that the negro's environment is poor uniformly and that most preventive medicine is particularly devoted to the preservation of the white man.

In the annual report of the surgeon-general of the army one of the most interesting statements is subordinated to a volume of health statistics, and it is to the effect that the colored troops in the United States registered the lowest hospital rate during the fiscal year now ending.

Of course no sweeping conclusions can be drawn from a statement like that and none which would be convincing could be adduced from the records of a single year anyway, but it may indicate that what the colored men needs for the promotion of his health and his longevity are physical discipline and sanitary surroundings.

In the army, the colored man is removed from the nauseous streets and homes of the average negro quarter in the city. He is compelled to observe the hygienic regulations and it seems that he responds most satisfactorily to this treatment.

Some day the south will awaken to the fact that the squalid negro home is one of its major problems. It is a breeding place not only for disease but for crime. The negro home, usually, is owned by a white man who is living in luxury and collecting a dollar a room from the colored tenant who is without running water or sanitary facilities. The negro quarter furnishes the domestic servants for the whites and the danger of disease for one is the common danger. The negro section is an ugly blot as well as a sore usually and a century or more will be required for the ngero alone to remove it. The white man, who owns more than half of it anyway should help and southern cities might well appoint intelligent and courageous commissions to see to it that he does help through compulsory attention to proper housing.

Health — 1924. General.

Greenville S. C.
News MAR 14 1924

THE NEGRO'S HEALTH.

The fact that three negroes die to two white persons is wisely attributed by the Commission of Interracial Cooperation to the lack of sanitation and hygiene among the colored race. The negro is not less virile than the white man, although his economic condition resulting in insufficient food and improper clothing at times, must be taken into consideration. Nevertheless he is penalized heavily by the absence of instruction in the importance of taking care of himself and the absolute certainty of longevity dividends from sanitation.

The commission above referred to estimates that 100,000 negroes die annually of preventable diseases, entailing an economic loss of about $150,000,000 a year. "Unsanitary conditions, due often to community neglect, are largely responsible, as well as lack of instruction in the laws of hygiene," it says.

The economic basis is the meanest basis of estimating the useless sacrifice of human life. It is closely akin to the selfish reason that germs recognize no segregated districts and that the negro, coming in daily contact with the white community, is a positive menace when he is not healthy. But economic, selfish or humane, the movement to reduce the negro death rate should receive the attention of Southern people. There were lamentations when the negro exodus was in full swing. If the negro is the asset to the South that he is pictured as being, self-interest if not self-protection suggests the wisdom of community cooperation in teaching him better living habits.

While "weeks" come too frequent now to receive even passing attention, the National Negro Health Week from March 30 to April 5, should inspire thought by the white people on the negro health problem. How much concern does the average white citizen have for the negro's health? Does he inquire if the city laws requiring sewerage connections to all dwellings are observed by the owners of negro houses inhabited by white persons? There are a multitude of important things white citizens should ask about the negroes. No aspect of racial cooperation offers such large rewards.

CINCINNATI POST
MARCH 18, 1924

NEGROES

So health is to be preached to negro citizens during the week beginning March 31, which is to be called negro health week. Much preaching is given the negro, but little is done for him.

One way to promote negro health is for public authorities to remove certain unhealthful moral conditions with which he is surrounded against his will. Another way to further negro health is to build decent homes for negroes, under philanthropic auspices, that will be content with 6 or 7 per cent on the investment.

[illegible] W VA NEWS
MARCH 20, 1924

NEGROES

The week of March 31 has been set aside as an occasion for preaching health to the negroes. A good thing if properly handled. Those who would instill the rules of health could well afford to remember that too much preaching is given the negro, but little is done for him.

One way to promote negro health is for public authorities to remove certain unhealthful moral conditions with which he is surrounded against his will.

Another way to further negro health is to build decent homes for negroes, under philanthropic auspices, that will be content with a reasonable profit on the investment.

MORTALITY FROM TUBERCULOSIS IN U. S. DECREASING

Death Rate Has Fallen From 300 in 1880 to 97 Per 100,000 Population in 1922—Texas Fighting Disease.

Reports from 23 countries representing one-third of the population of the world, compiled by G. Drolet, statistician of the New York Tuberculosis Association, indicates that in the last forty-three years more than 18,000,000 people have died from pulmonary tuberculosis according to a statement issued by the National Tuberculosis Association. Mr. Drolet estimates, on the basis of these incomplete figures, that during the last 40 years more than 100,000 people have died from tuberculosis in the entire world.

In practically all of the countries studied the death rate from tuberculosis is declining, with the exception of Japan, where there is a marked increase in mortality from tuberculosis. In the United States the death rate from tuberculosis has steadily fallen from nearly 300 in 1880 to 97 per 100,000 population in 1922. 9-13-24

Commenting upon these figures Mr. Drolet says, "In the United States registration area alone, which does not yet include the entire country, there have been reported 1,748,308 deaths from tuberculosis between the years 1910 and 1922." Most of these deaths occurred among adults in the productive periods of life.

Texas is not, at present, in the Registration Area of the United States. The State Sanatorium estimates that 10,000 persons die annually of tuberculosis in Texas. The Texas Public Health Association has for a number of years conducted a vigorous educational campaign against tuberculosis and is now planning a more extensive campaign so that tuberculosis in Texas may be reduced to a minimum.

M. M. Cage

TOLEDO O. BLADE
AUGUST 1, 1924

COLORED RACE AID IS ASKED

Health Clinics and Better Social Conditions Needed.

F. O. Nichols, of the National Health Council, addressed the Lions club at Lasalle & Koch's Thursday on "The Migration of the Negro From a Health Viewpoint."

Mr. Nichols pleaded for health clinics and better social conditions for his race.

"Tuberculosis is prevalent among the Negroes and especially among the younger generation. This is due to economic conditions in the South," he said.

Million, Half Migrate.

More than 1,500,000 of his people have migrated to northern states because of better working conditions he declared.

"Colored people in the South have not enough money to feed and clothe themselves decently. Employment has fallen off due to the boll weevil and no money is available." Mr. Nichols closed his address with the plea for equality for Negroes as concerns financial transactions.

He expressed the wish that bankers would give the Negro, who is trying to borrow money, the same chance as the white man receives so that he can own his home.

Outing Arranged.

Plans were discussed for the annual outing of the club members at Catawba Island Sunday. The Lions club is sponsor to the Girl Scouts who are camping on the island. The members and families are to meet on the Woodville street side of Navarre park at 9:30 A. M. Sunday.

Gross Death Rate in Georgia Lowest in South During 1923, According to U. S. Officials

Atlanta's Rate for Colored, However, Is Declared Highest of 11 Cities Figured on Race Division.

Washington, December 11.—The death rate in the registration area of the United States increased to 12.3 per 1,000 of population in 1923 from 11.8 in 1922.2 Mortality figures for the last year, made public today by the department of commerce, show that only seven states out of the total of 38 comprising the death registration area had a lower rate than in 1922. These were Colorado, Idaho, Montana, Oregon, South Carolina, Utah and Washington.

To afford a true basis for comparison between states and communities the rate table showed "refined" rates arrived at by adjustment for differences in the age and sex distribution of the population and for deaths of non residents.

Marylands Rate.

Maryland, with 14.2 per 1,000, showed the highest refined rate among the states, while the lowest, 8.7, was recorded by Montana. Next to Maryland, Louisiana showed a rate of 13.5, while a rate of 13.3 was reported for Florida, Virginia and Delaware. The next lowest rate to that of Montana was Nebraska's figure of 9.3.

Of six states for which the refined rate was figured separately for the white population and that classified as "colored," Maryland had the highest rate in both divisions with 12.6 for white and 22.8 for colored. Mississippi showed the lowest in the group for both, with 9.7 for white and 15 for colored.

Of the 44 cities with population exceeding 100,000, for which the refined rate was figured, only on the population of a whole, the highest, 15.7, appears for San Antonia, and the lowest, 9.5 for Portland, Ore.

Atlanta's Colored Rate.

Among eleven cities in this population class for which the rate was figured on race division, Atlanta recorded the highest rate, 31.6, for colored, and New Orleans the highest, 14.5, for white. Norfolk showed the lowest rate for both white and colored, with 8.3 and 18.7 respectively.

Among large cities, New York's rate of 12.9 showed a decrease from 13.2 in 1922, while Chicago showed an increase in the period from 12 to 12.6, Boston from 13.3 to 13.5, Philadelphia from 13.3 to 14.1, Pittsburg from 14.2 to 15.4 and Cleveland from 11.3 to 12.

LOWEST GROSS DEATH RATE IN GEORGIA.

The lowest gross death rate in 1923 among the southeastern states was in Georgia, where 11.3 people in every 1,000 died, according to further details of the report of the vital statistics department made public here Thursday. Mississippi came second with 11.4, with South Carolina third, showing a death rate of 11.8 and Kentucky and Tennessee next with a rate of 11.9.

The highest rate, 13.5, was in Florida, next to the highest, 12.8, in Virginia, with 12.1 in Louisiana as third.

The negro death rate was higher than white. The greatest difference was in Kentucky, where the white rate was 11.1 and the negro 19.5, a difference of 8.4 in favor of the whites. In Virginia the white rate was 11.0, the negro 17.2; in Tennessee the white rate was 10.4, the negro 18.7, while in Georgia the white rate was 9.9, the negro rate 13.3. The low negro rate in Georgia, it was pointed out, was probably due to the exodus of negroes since 1920, when the census was taken, which is the basis upon which the population is estimated for 1923. This exodus probably accounts for Georgia's low rate for the combined races, since the method of estimation does not take into account the immigration or emigration, except such as occurred during the two previous years.

Lowest White Rate.

The lowest white death rate, 9.1, was found in Mississippi, next to the lowest, 9.5, in South Carolina, while Georgia's white death rate was 9.9.

While the greatest difference in death rates among the states was 2.2 per 1,000 in Georgia as compared with Florida, there was the greatest difference among the cities over 100,000 population as shown by the same report. The death rate of Norfolk was 11.5 and of Memphis 19.9, which was the highest death rate of any city in this class in the southeast. Nashville had a rate of 18.6, Atlanta 18.1, New Orleans 17.7, as compared with Norfolk, 11.5, Birmingham and Richmond, 15.6.

Error in these rates, if there be such, is said to be due to incomplete registration of deaths and to the change in the population since the 1920 census. It is known that Atlanta has increased in population much more rapidly than is shown by the usual method of estimating the population. This unusual increase would produce a higher death rate since there are filed the deaths occurring in a greater number of people than is included in the number of the population, it is pointed out.

A RECORD YEAR FOR HEALTH

The Metropolitan Life Insurance company says that 1924 has been—or will have been—the best health year recorded by figures. A study of statistics, based on the company's 15,000,000 policy holders, representing a cross section of the country, shows the lowest death rate known for any year in this country. Up to November 15 it was almost six per cent below the same period in 1923.

A new minimum death rate for tuberculosis and typhoid fever is reported. The more familiar diseases of childhood, such as diphtheria, measles and whooping cough, show a decrease in deaths, scarlet fever alone showing an increase in fatalities, but there is a new serum, which is said to be effective in preventing scarlet fever, and it is believed that we shall soon greatly minimize this menace. The death rate from influenza is lower by half than last year, while the death rate for diabetes has declined by 21 per cent, due presumably to the use of insulin.

The Tampa Tribune says:

Even the record for violent deaths affords some ground for encouragement. Among these 15,000,000 persons there were fewer fatal accidents as well as fewer suicides and homicides, and there were no more automobile fatalities than in the year preceding. The conquest of some of the most dreaded diseases is progressing surely, if slowly. Figures such as these show where those leading in the battle need most to concentrate their efforts.

As Dr. Mayo said in The Advertiser yesterday, the great problem in medicine now is to reach the individual and encourage him to take reasonable health precautions.

Health-1924 Canada.

LIFE EXPECTATION OF NEGROES IS MUCH GREATER

Two Million Negro Policy Holders in the Metropolitan Life—Average Negro Baby Can Count on Forty-eight Years of Life

A REMARKABLE SHOWING

TORONTO, July 2.—Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company of New York, addressed the National Conference on Social Work today on the subject of "The Effect of Health Education on Negro Mortality."

"The Negroes are only a generation behind the health achievement of the white people of the country," said Dr. Dublin, "not a serious handicap to overcome when we consider that they have had control of their destinies for only a little more than half a century and have been served by health conserving agencies for even a shorter period. The pessimism which prevailed twenty-five or thirty years ago with regard to the future of the Negro is no longer even remotely justified. A race, still living in many areas under primitive conditions of sanitation and often from hand to mouth, is today enjoying a life expectancy just about that of the white people of America only thirty or forty years ago." 1-5-24

Dr. Dublin based his statements upon the mortality experience of the 15,000,000 industrial policy holders of the Metropolitan Life Insurance Company, which group includes nearly 2,000,000 Negroes. The detailed mortality records of the company began in 1911. In that year the Negro death rate was 17.5 in 1,000 insured persons; in 1923 the rate had dropped more than one-sixth, or to 14.5 in 1,000. The average Negro baby at birth today can expect to live to be more than 48 years of age; the average white baby can only count on living 58 years, and this high expectancy has only been attained in the last few years.

This decrease of the death rate among Negroes engaged in industrial work is all the more remarkable, Dr. Dublin considers, because this population group resides almost entirely in crowded sections of cities where, heretofore, the Negro death rate has been exceptionally high. In the Registration States of the United States for 1921, the last year available, the death rate among Negroes living in the rural part was 13.8 per 1,000, as contrasted with 10.6 for whites, where the rate in the cities was 19.7 per 1,000, as against 11.8 for the whites.

Tuberculosis has been and still is the outstanding cause of death among the colored people, this statistician reports. One of every six Negro persons ultimately dies of this disease, but great improvement has been made in recent years. In 1911 tuberculosis was responsible for 418 deaths for each 100,000 Negro persons insured in the Metropolitan; in 1923 the rate had dropped to 246, or nearly one-half.

"The mortality among the Negro policy holders from tuberculosis is beginning to look like that among the whites only twenty years ago, when the tuberculosis campaign was begun," states Dr. Dublin. "Nothing indicates so well the general health condition of a race as the incidence of tuberculosis, and nothing reflects so well an improvement in its mode of life as does a big drop in this death rate. There can be no question that this improvement in tuberculosis is the result of great advances in the economic and social condition of the Negro people. The Negro people have, as a race, good physiques and they are learning all the time how to take better care of themselves in relation to their changing environment."

Much of the credit for the improved health standards of Negroes should be given to the various health agencies who have been working among them. Distribution of health literature, attendance of visiting nurses in illness, advice to mothers regarding their own care and the care of babies, recommendation for periodical health examinations—all these welfare measures have helped bring about this reduction in the Negro death rate, Dr. Dublin believes.

Negro children show the greatest improvement in mortality of any age group, he shows, and this is undoubtedly due to the gradual and persistent education of Negro mothers in how to feed and care for their offspring. In the four communicable diseases of childhood—measles, scarlet fever, whooping cough and diphtheria—a decline of 33 percent in deaths was recorded between 1911 and 1923, and in all of these except whooping cough the death rates for Negro children were uniformly lower than for whites. The tuberculosis deaths among Negro children less than 15 years have been cut in half in this thirteen-year period.

Great improvement has been made in regard to typhoid fever and pneumonia, which, according to Dr. Dublin, indicate better sanitary conditions surrounding the Negro people. Their present high mortality rate results largely from the chronic degenerative diseases, as cerebral hemorrhage, organic diseases of the heart and chronic nephritis. Cancer and diabetes, too, have increased in mortality figures since 1911. Syphilis and its sequelæ are becoming more widespread and causing more Negro deaths each year. A more extensive campaign against venereal disease is advocated, to improve their welfare and lower their death rate.

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HEALTH OF NEGROES TUSKEGEE SUBJECT

Red Cross Representative Shows Lack of Hospitals and Convalescent Homes

TUSKEGEE, ALA., Jan. 18.—Special to The Advertiser—At the conference of representatives of the various health and welfare agencies, which was held at Tuskegee Institute Friday morning, it was decided that the tenth annual national negro health week would be held from March 30 through April 5. A suggested program for the observance was formulated which will be printed and distributed throughout the country. The United States Public Health Service will print health week bulletins featuring a "year round health program."

In discussing the subject, "Conservation of health" Miss Helen B. Pendleton, representing the American Red Cross, spoke of the lack of proper hospital facilities and the absolute lack of convalescent homes for negroes. She emphasized the need of these institutions and urged those assembled to try to do something in remedying the existing conditions.

Dr. J. P. Faukner, representing the National Tuberculosis Association pointed out the importance of disease prevention as a factor in conserving health and spoke of the seven "D. S." in the treatment of tuberculosis is: doctor, diagnosis, direction, discipline, disposition, digestion and discharge.

The conference was presided over by Dr. Robert R. Moton, principal of the institution. Among the others who were present were, Mrs. J. H. Cranford, Jasper, Ala., George B. Fout, Youngstown Sheet and Tube Co., Youngstown, Ohio., E. Franklin Frazier, of the Atlanta school of social work, Miss Dora M. Barnes, Survey Magazine, New York City; Miss Eva Bowles, Y. W. C. A. national headquarters, New York City: Dr. I. R. Whipper, Tuskegee Institute health department; T. M. Campbell, government extension service, and M. N. Work, Tuskegee Institute.

HEALTH UNIT FOR CHAMBERS COUNTY

Civic and Educational Organizations Combine to Obtain Its Establishment

LANETT, ALA., January 19.—Special to The Advertiser.—A meeting of representatives of various civic and educational organizations of the Chattahoochee Valley and of Chambers county was held in the office of Superintendent C. E. Lunceford, of Lanett city schools, on Friday, for the purpose of going into and pushing the proposition of establishing a Health Unit in Chambers county.

The Hexagon club, Chambers County Medical society and Chambers County Educational association were represented. The object to create county-wide interest in the Health unit project, was given great impetus by the meeting, which was presided over by A. C. Boyd, of Langdale. It is believed that this much needed agency will be established in this county soon, as every progressive organization and many prominent and influential people are behind the movement.

Those present at the meeting were Miss Ora Devers, county supervisor of LaFayette; Dr. Hugh McCulloh, of West Point; Dr. J. L. Weldon, C. E. Lunceford and Tipton Coffee, of Lanett; W. T. Harrison, of Shawmut; W. H. Enloe and A. C. Boyd of Langdale.

HEALTH OFFICIALS INNOCULATE 58,000

Department Conducts Vigorous Campaign Against Spread of Typhoid Fever in State

Report of the Alabama state health department for 1923, which report will soon be ready for the printer, shows that during that year, 58,000 complete anti-typhoid inoculations were administered in checking the spread of typhoid fever. Administration of this serum which was made at the main state laboratory in Montgomery, was by county health officers.

Dr. Douglas Cannon, secretary of the Medical association of the state of Alabama, who made this information public Friday, said also the report will show that in 1923, a total of 2,297 lectures were given by full time county health officers, to approximately 200,000 persons; and that 111,000 pieces of literature bearing upon public health were distributed.

More than 100,000 school children were given a complete medical examination, and 8,146 defects found were remedied by family physicians. In the interest of maternal and infant hygient, the nurses of the 22 organized county health units made 54,000 visits to homes.

With the institution of organized public health units in 4 additional counties before the end of the present year, Dr. Cannon says a still larger proportion of the state's population will be adequately served by local public health officials. "The excellent record for 1923 is due to the co-operation of the physicians of the state," Dr. Cannon stated.

HEALTH WORK IN MARENGO

County Unit Will Be Maintained And Appropriation Made.

Full time public health work by an organized county health unit will begin in Marengo county August 1, as the result of the action Monday by the county board of revenue in making an appropriation for this purpose.

Information received at the state health department Tuesday regarding this action, stated that the budget for county health work in Marengo is to be divided between the county board of education, the county board of revenue and the city of Demopolis. There are now 24 counties in Alabama with all time county public health units. These counties include about 52 per cent of the state's population.

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DISCUSS NEGRO HEALTH

UNIONTOWN, Ala., July 5.—(Special.)—One of the most helpful meetings in behalf of negro welfare was held in the theatorium this week. The occasion was a stereopticon lecture on health by Dr. R. B. Stewart, a negro physician who is connected with the United States public health service with headquarters at Washington, D. C.

ONE DOCTOR TO EVERY 1,000 POPULATION IN ALABAMA

Medical Societies Rolls Show 2,200 Physicians, Surgeons and Specialists

According to the 1924 revision of the rolls of the county medical societies in Alabama, which constitute the Medical association of the state of Alabama, there are now 2,200 doctors, including surgeons and specialists, practicing in this state, or one doctor to approximately every 1,000 of population.

Dr. Douglas Cannon of the state board of health said Wednesday, in announcing these figures, that Jefferson county has the largest number of doctors of any county in Alabama, namely 505; and Cleburne the smallest number, 5. Montgomery has 89 and Mobile 120. Seventy per cent of the doctors in Alabama are members of the State Medical association, the highest average of any state in the country.

ALABAMA HEALTH WORK RATES HIGH

Stands Second in Union for Proportionate Number of Counties Organized

In the proportion or counties of the state with fully organized county public health units, and in the percentage of people served by public health organizations, Alabama is second in the list of all states.

Ohio holds first place and last year North Carolina occupied the second place in the list. This year, however, Alabama has forged ahead of North Carolina and now holds the place second to the head of the roll of states—an achievement of which the State Board of Health and Alabama's public health workers as a whole, are proud.

In the control of social diseases the state of Alabama stands at the very top of the list of states. All of the foregoing facts are set out in the official ratings of the U. S. Public Health Service.

In the matter of the number of counties organized with all time county health units, Alabama is third, Ohio being first and North Carolina Second. This state occupied fourth place in 1920 in this respect. In 1922, Alabama tied with Georgia for third place, and at the present time tihs state has taken over third place definitely and with a good lead, according to Dr. S. W. Welch, state health officer, whose statement is based upon U. S. Public Health Service official reports.

Each year, since 1920, Dr. Welch stated, Alabama has organized all time public health units in Alabama in one or more counties. There were only four such county organizations in Alabama in 1917, whereas there are 24 at the present time, with prospects that three more will be organized before the end of 1924. Out of the 250 organized counties in the United tSates at the first of the present year, 100 were in the states of Alabama, North Carolina and Ohio.

FAMILIES REPORTED TO BE GROWING SMALLER BUT SOUTH'S RECORD BETTER THAN IN NORTH

Average Size of Families Said to Vary in Different Communities

By Roland M.Haprper, University, Ala

It is fairly well known to intelligent people that the average size of families varies in different communities and that families are smaller nearly everywhere now than formerly, but no one heretofore seems to have taken the trouble to study out the variations at different times and places within a single state. Alabama is a splendid field for such a study, on account of its great variety of environmental and social conditions, although unfortunately most of our counties are too large and diversified for accurate geographical statistics as was explained in the article on the duration of life in Alabama in The Advertiser recently.

Sources of Data

Statistics of families have been given in more or less detail by every United States census since 1850. In 1850 and 1860 the figures covered every county but were for the free population only for it was impracticable to group the slaves into families. In 1870 and 1880 family statistics were compiled for states and larger cities, but not for counties. Separate figures for whites and negroes are available by states since 1890 and by counties and cities for 1910. Urban and rural families have also been separated since 1890. To get all the necessary data for such a study one must search through a good many volumes but in a short article like this it is hardly necessary to explain how the results were computed, or to discuss the incomplete or apparently erroneous figures responsible for a few gaps in the diagrams and table.

Definition of Family

For census purposes a family is defined as any group of people living in the same home, whether related or not. This therefore, includes boarding houses, asylums, penitentiaries, etc., but there are so few of those in proportion to natural or private families that they do not affect the averages much. Even in Talladega county with its schools for the blind and deaf. Elmore with its penitentiaries and Tuscaloosa with its asylums and colleges, the average family is not noticeably larger than in adjoining counties. The census of 1900 distinguished private families from other families and in the table below there is one column for all families and one for private families in that year and it will be seen that there is very little difference between them in most parts of Alabama. (The differences are greater in cities than in rural districts and in the North and West than in the South.)

Composition of Families

A family usually includes both adults and children and the number of children per family naturally varies more at different times and places than the number of adults. In a whole city or county the average number of adults per family is seldom if ever less than two or more than three, while the number of children may vary from about one to four in different communities. In 1950 the average white family in Alabama has 1.20 men, 1.12 women and 3.49 children, a total of 5.81 persons. Seventy years later the corresponding figures were 1.19 1.15 and 2.48 (total 4.82). The excess of white men over women is probably a little exaggerated by the tendency of some people to misrepresent their gase, as explained in the former article on ages. The extra adult besides father and mother is every fourth or fifth family may be a grandparent, maiden aunt, grown son or daughter or boarder.

It is well to bear in mind that the number of children in a family at the time of the census (or any other time) is usually less than the number ultimately born to the average couple, perhaps only about half as a rule; for in the case of young couples most of the children may be born subsequently and in the case of old couples some children may have already died, or grown up and left home; and if they live in another city or state of course the census has to count them where they reside, regardless of the parent's domicile.

Regional Differences

To bring out the differences in size of families in different sections of the state the counties are grouped into natural regions, each more or less uniform in soil, topography, climate, etc. The same regions are used for this study that have been used by the writer in former years for soils, trees, agriculture, illiteracy, political parties, etc., and a few days ago for age distribution. Their names and boundaries are shown on the accompanying map. The counties used to represent each were listed in the previous article and need not be repeated her. Som of the regions shown on the map are omitted from the statistics, however, because they are so narrow that they do not cover as much as half of any one county.

Explanation of Diagrams And Table

The first diagram shows the number of persons per family in each region large enough for statistical treatment from 1850 to 1920 except that the Warrior coal field is emitted on account of several inconsistencies in the census figures, which may be due to mere typographical errors. As there are no data for single counties in 1870 and 1880, the various regional curves have been drawn approximately parallel to the state curve through that interval, and those portions dotted. The data for 1850 and 1860 are for the free population only, as previously stated, while from 1870 on the curves represent the total population; but there is not as much difference between white and negro families as one might think without having looked into the statistics.

The second diagram has one curve for the whole United States and one for Alabama, going back to 1853; and beginning with 1890 some for the rural and urban population of the whole state and country, and one for whites and one for negroes in Alabama. The third shows conditions in each of our twelve largest cities from 1890 to 1920 (or as far back as the statistics will allow), and the state and national averages for the same period. These curves are for all races combined. There are no statistics of families in Alabama cities prior to 1890, except for Mobile, which had 5.08 persons per family in 1870 and 4.75 in 1880.

The table shows for the whole country and state, for each region, and for the ten largest cities the difference between all families and private families in 1900 between white and negro families in 1910, and between urban and rural families in 1920

Racial Differences.

Almost anybody if asked to express an opinion on the subject would probably say that negroes usually have larger families than white people; but the census figures do not bear that out. Negro families indeed seem to have been larger than white families in Alabama in 1880 (the census gives no direct data on that, but it can be estimated indirectly by means of age statistics, etc). but since then they have declined rapidly, and they are now a little smaller than white families in the United States as a whole, and the difference is even greater in Alabama and other southern states.

The smallness of negro families is not due entirely to scarcity of children, but partly to the fact that negroes marry earlier as a rule and therefore have fewer grown children in their homes, and they probably also have fewer boarders, maiden aunts, etc. In a preceding paragraph on the composition of families it was shown that the average white family in Alabama in 1920 included 2.34 adults, and the average colored family only 2.11. In number of children per family or per woman there is not so much difference between the two races but the whites seem to have a higher birth-rate now, as can be seen from the table of age ratios in the previous article.

That article showed that the negro birth-rate is especially low in cities, and it is natural therefore that negro families should be small in cities, as is indicated by the lower part of the fourth column of figures in the table presented herewith.

Urban And Rural Families.

Not only negroes but whites have proportionately fewer children in the city than in the country, as was pointed out in the previous article, and urban and rural families differ in much the same way (in the South, but not quite everywhere in the United States), in spite of the larger proportion of boarding-house families and institutions in cities. In Alabama in 1920 the average urban family had 1.19 men, 1.24 women and 1.69 children (total 4.12), while the correspond ing figures for rural families were 1.09, 1.08 and 2.59 (total 4.77)—all this for both races combined.

If we calculate the number of children per woman we will find still greater differences between city and country. The census does not tell us how many children the average married woman has, but if we simply divide the number of minor children in any community by the number of adult women old and young, married and single) we get a ratio that at least illustrates the general tendencies. In Alabama in 1920 (assuming that all ages were correctly returned, which is not quite true) there were only 1.37 minors for every adult woman in cities of over 2,500 inhabitants, as compared with 2.40 in the smaller towns and rural districts. This is partly because people tend to marry later in the city than in the country, and partly for various reasons which it would take too long to discuss.

There are considerable variations in size of families between different cities, and in the same city at different times, as shown in the third diagram, and some of them are not easy to account for. Some of the statistical variations may indeed be due to simple census errors, for when we are dealing with only a few thousand people the misprinting of a single digit might upset the calculations materially. It is barely possible also that the high points on the curves for some of the cities are due to "padding" the census returns (as is known to have happened in several cities in the Middle West in 1890 and 1900); for it is easier to add fictitious names to existing families than to invent whole new families.

In size of families, as in several other things, the differences between city and country are greater in the South than in the North, as one can infer from the second diagram, in which the rural and urban curves for Alabama are much farther apart than those for the whole United States.

Regional Differences.

In comparing one state or region with another it seems that large families generally go with low standards of living, and vice versa. That is obvious enough, for if other things are equal a man who raises a large family is not likely to have as much left over for luxuries as one with a small family. And as most adults are producers and most children are not, a community with small families (and therefore a small proportion of children) is likely to have more wealth per capita than one with large families (The statistics of per capita wealth of the several states of the Union show this pretty well). The black belt, with the most prosperous white farmers in Alabama, has always had smaller families than any other region in the state; and other southern states also have their smallest families in their most fertile regions. Even the cities in the black belt feel the same influence. Curves for Montgomery and Selma are given on the third diagram and Demopolis not shown because it did not become large enough for such statistics until after 1910, had only 3.4 persons per family in 1920, which is pretty near the minimum. Near the other extreme are the plateau region (Sand Mountain, etc), where the farmers have never been noted for prosperity, except in a few special localities, as around Cullman.

The correlation between size of family and standards of living fails when different races are compared, though. For negroes generally have smaller families than their white neighbors, as already shown, and in the black belt, where there is the greatest contrast between the two races in wealth and education, the negroes have their smallest families. And size of family does not seem to be a safe criterion for comparing standards of living in different cities, for the people of Bessemer are not noticeably richer than those of Dothan though at opposite extremes on the diagram.

Families have been growing smaller nearly throughout the United States for a century or more, and especially since 1890; and about twenty years ago, soon after the 1900 census returns were published, showing a marked decline since 1890, many people were viewing the situation with alarm, and suggesting various causes and remedies; but the explanations offered at that time were mostly psychological, and not fundamental.

In the previous article, on ages, it was pointed out that as medical science lengthens our lives the proportion of children inevitably decreases. And no matter how many adults there are, two or three of them are (as they always have been) enough for the average family, and families therefore become smaller as the proportion of adults increases, regardless of what any part of the population may think about the relative desirability of large and small families!

Luxuries.

In recent years the automobile seems to have been an important factor in reducing the size of families especially in cities. Fifteen years ago hardly one family in a hundred owned a car, but now at least half the white families in our cities, and perhaps out of three or four in the country

Black Belt Families Reported Smaller Than in Other Sections

have them. In the course of a year it costs about as much to maintain and operate an automobile as to feed and clothe a child, so that ever car used purely for pleasure means practically one child less. If any statistics on the subject were available the automobile-owning families would undoubtedly be found smaller than the others, on the average. California, which now has more autos in proportion to population than any other state—more than one per family—also has very nearly the smallest families in the United States—only 3.81 persons per family in 1920. But this objection of course does not apply to cars used for profit, in business or on farms. Various other common luxuries, such as pianos, phonographs and radio sets, must have the same effect as automobiles, on a smaller scale.

As far as automobiles are concerned, some might say that nearly everybody is now so prosperous that it is comparatively easy for the average family to own a car, and still have as many children and as many conveniences as was customary before such things were invented. But statistics of national wealth recently published by the U. S. Census Bureau show that while the per capita wealth of the country as measured in dollars was considerably greater in 1922 than in 1912, when allowance is made for the purchasing power of the dollar we are really a little poorer than we were before the World War, as might have been expected.

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DURATION OF LIFE IN ALABAMA AT DIFFERENT TIMES AND PLACES

Sand Mountain and the Wiregrass Have the Highest Birth-Rate, but People in the Black Belt Live Longest; Span of Life Greatest in Cities, but is Increasing Everywhere; Why Schools are Better in Some Communities Than in Others

BY ROLAND M. HARPER, UNIVERSITY, ALABAMA

How long can the average child born in Alabama today expect to live? How does he compare in that respect with his parents and grandparents or with children in other states or countries? These questions cannot be answered exactly yet, but we have the means of making some valuable comparisons between Alabama and other states, and also between different parts of this state.

In the last few years the State Board of Health has been keeping records of births and deaths in Alabama, but they are not yet as complete as they will be when all the physicians of the state become more accustomed to making complete reports, so that these records cannot very well be used for estimating longecity yet. Even the United States Census bureau did not begin annual enumerations of births until 1915, and up to the present time only a little over half the states are represented in the "registration area." Alabama's vital statistics are not yet regarded as quite accurate enough to be used by the government, though they doubtless will be before long.

However, every united States census has classified the population in more or less detail, according to age, and the age statistics enable us to approximate the birth rates, etc., not only at the present time but also in years gone by, pretty closely. For example, the percentage of the total population that is under ten years old would equal the annual birth-rate per thousand if there were no deaths of children under ten and no immigration; but on account of these disturbing factors, the birth-rate is usually from 15 to 25 per cent more than the percentage under ten.

Age statistics for the whole state going back to 1830, and for counties back to 1840, show that the proportion of children and therefore the birth rate has declined considerably in the last three-quarters of a century; and this is not peculiar to Alabama, but is true of all civilized countries. At the same time the proportion of adults and therefore the average duration of life has of course increased correspondingly. Different races and different regions also differ confiderably in birth rates and longevity, as will be shown by the accompanying diagrams and table.

To bring out the variations in different parts of Alabama the state is divided into natural regions, each more or less uniform in soil, topography, climate, etc. The same regions are used for this study that have been used by the writer in former years in studying the distribution of soils, trees, agriculture, population, illiteracy, political parties, etc. Their names and boundaries, together with the county boundaries are shown on the accompanying map.

As the county is the smallest unit for many kinds of statistics, we will never know the true story of the differences between different regions in Alabama until our counties are made smaller, for many of them are now so diversified that statistics for them do not mean much; or to put it in another way, some of the regions are so narrow that they do not cover as much as half of any one county as at present organized. (For example, every black belt county includes considerable areas of less fertile regions, so that the richness of that region does not show up in the statistics as well as it should.' Accordingly some large counties and some small regions have to be left out of this and similar studies entirely.

The regional groups of counties are the same as those used in my studies of illiteracy in Alabama, published in The Advertiser for June 1, 1919, and April 9, 1922; and they will be repeated here for the benefit of readers who do not have these articles and may wish to verify my results or continue this investigation after the next census.

Tennessee Valley, (including the Barrens or Highland Rim.) Colbert Lauderdale, Lawrence, Limestone, Madison, Morgan.

Plateau region (Sand and Lookout Mountains, etc.)—Cullman, DeKalb, Winston.

Warrior Basin coal field.—Tuscaloosa, Walker.

Coosa Valley region.—Calhoun, Cherokee, Etowah, St. Clair, Shelby, Talladega.

Piedmont region.—Chambers, Clay Cleburne, Coosa, Lee, Randolph, Talapoosa.

Central Pine belt (including longleaf pine hills.)—Autauga, Bibb, Chilton, Elmore, Fayette, Lamar, Marion Pickens, Tuscaloosa.

Black belt. — Dallas, Greene, Lowndes, Montgomery.

Blue marl region (Chunnennuggee Ridge.)—Barbour, Bullock, Russell.

Southern red hills, western division. —Butler, Choctaw, Clarke, Monroe Wilcox.

Same, eastern division.—Coffee, Crenshaw, Dale, Henry.

Lime-sink region ("Wire-grass".) —Geneva, Houston.

Southwestern pine hills.—Baldwin Escambia.

Explanation of Diagrams And Table.

The first diagram shows the percentage of white persons under ten years of age in the whole United States, whole state, and different regions from 1830 (or as far back as possible) to 1920, with an additional curve for negroes in the whole state (with slaves and free colored separate in the ante-bellum period). It would crowd the diagram too much to put a negro curve for every region on it, but 1920 statistics for negroes in each region and in the larger cities are given in the table. Unfortunately there are no data of this kind by counties between 1860 and 1910, so the regional curves for that fifty-year interval have been drawn as dotted lines approximately parallel to the state curve.

The second diagram shows the percentage of adults in the same regions for the same period, with one curve for negroes as before. The data on which this is based are a little more complete, but the census figures on ages for counties in 1870 and 1880 did not separate whites and negroes or give the number of adult females, and the next three censuses were equally noncommittal as to fmales in areas smaller than states. Although there is probably really very little difference between the sexes in age distribution, some differences appear in the census returns, because many youth of 19 and 20 claim to be 21, while the girls like to linger in the teens (and also in the twenties and thirties, a little longer than the facts warrant, even in these days of "equal right for women" (as can be plainly seen in any census table that gives ages of males and females by single years). Where age statistics for both sexes are available, as in 1920, such errors probably balance each other pretty well; but in drawing the curves for percentage of adults for 1870 to 1910 inclusive about 1 per cent has been subtracted from the figures obtained for males only, and that is believed to give approximately correct results for both sexes combined.

Curves for negroes as well as whites in the whole United States could have easily been put on both diagrams, but the U. S. negro curves would differ very little from those for Alabama negroes, because most of our negroes are in the South. Those in the North have a lower birth-rate and a larger proportion of adults than in the South.

There seem to be no data from which the median and average age of the population of each county or region can be calculated, for any census later than 1860, but the median age (i. e., the age which divides the population into two equal parts) of the white population of the whole state increased from 14.5 years in 1830 to 20.2 in 1920, and the average at the same time from 18.8 to 24.8. The average expectations of life in any state or country seems to be about twice the median age, so that we may say that that for the white population of Alabama increased from about 29 to 40 years in 9 decades.

The table shows for the whole state in 1900, 1910 and 1920, for each region for the rural and urban population of the state, for the ten largest cities separately and 29 smaller ones in two groups, in 1920, the percentage of whites in the total population, the percentage of whites and negroes under 10 and over 21 years of age, and the percentage of illiteracy in the population over 10 of both races.

The percentage of persons between 10 and 21 in any region or city can be easily obtained by adding the percentages under 10 to those over 21 and subtracting the sum from 100. Normally there should be just about as many people between 10 and 21 as under 10 in any community. Where the younger group is the larger as it often is in the rural districts, it usually means that a good many die or move away between the ages of 10 and 21. And where the older group is the larger, as in the case of the negro population and in cities, it may mean either that there were fewer births in the decade just closed than in the preceding one, or else a recent influx of young people who are not quite of age, or both.

Some statistics of birth and death rates in different regions, computed from the latest report of the State Board of Health, could have been added to the table if there had been room for them, but we have no data of this kind for the urban and rural population of Alabama separately yet, and anyway the birth-rates would not differ much from the percentage of population under ten, as already explained.

Increasing longevity, its cause and Effect.

The continual increase in the percentage of adults in Alabama (and throughout the civilized world) in the last hundred years or so seems to be due mostly to the progress of medical science in conquering disease and thus giving people a chance to live longer than they used to. But as longevity and the proportion of adults increases the proportion of children—and therefore the birthrate—inevitably decreases a fact that many otherwise well-informed persons do not seem to have thought of. (If everybody lived to be 100 years old—as some optimists hope—there would be about four times as many adults as children, and the birth-rate would be about 1 per cent or ten per thousands. On the other hand if nobody lived beyond 40, and other things were as nearly equal as possible, there would be about twice as many children as adults, and the birth-rate would be about twice as high as it is now).

It will be noticed that Alabama has a smaller proportion of adults than the whole United States; and the same is true of all the other southeastern states. That is nothing to worry about, however, for it is a natural consequence of the fact that the South has long had a higher birth-rate than the North and West. (Canada resembles the South in this respect, as it does in several other particulars).

Changes in the last 90 Years.

The increase of adults and decrease of children prior to 1860 probably indicate hygienic improvements and higher standards of living, as above suggested. But the decrease in relative number of children under ten between 1860 and 1870 was due to a very different cause, namely, the Civil War. Not only were there fewer children born during the four years of the war, but the privations that the South suffered must have increased infant mortality considerably. The proportion of adults did not change much during the war decade, the loss of men being offset by the decrease in young children; but the proportion of children between 10 and 21 increased considerably. For all of that group enumerated in 1870 were born before the war but too young to take part in it, so that they were comparatively little affected by it.

After the war there was a "rebound "of the birth-rate until about 1880, when the former decline (due to medical progress, etc.) was resumed. From the time of emancipation to about 1900, negroes had a higher birth-rate than whites, but since then they have been below the whites in that respect in the south, though still above the United States average.

Contrasts Between Different Regions

When we compare different regions in Alabama we find some very interesting contrasts. The inhabitants of every region can get some satisfaction from these statistics. Those in the plateau and limesink regions can boast of their high birth-rate, while those in the blue marl region and black belt can console themselves with the thought that their chances of living to a good old age are greater, and the rest can say that they are avoiding both undesirable extremes of short life and low birth-rate. It will probably surprise many people to learn that the percentage of adults, and therefore the expectation of life among the whites at least, has long been greatest in the black belt, in spite of the former prevalence of malaria and scarcity of good water there, while the opposite extreme is in the plateau region (Sand Mountain, etc.), which has the purest water and the most "bracing" climate. Very similar relations exist in other southern states; the red lime lands around Albany, Ga., the Tallahassee red hills of Florida, and the alluvial bottoms of Mississippi, Arkansas and Louisiana, having a larger proportion of old people than other parts of those states. A knowledge of this fact ought to be of considerable value to life insurance companies.) This seems to indicate that longevity is a matter of heredity rather than environment. Even the negroes in the black belt, in spite of their poverty, have a larger proportion of adults than the state average, although not as much as the whites; and t is a significant fact that many of he early settlers of the black belt, both white and colored, came from Virginia, which has a lower birth-rate (and more prosperous farmers) than most of the states south of it.

City and Country Compared

In Alabama, and throughout the United States, except in a few northern states that have a large foreign element in the cities, there are always more adults and fewer children in city than in the country. (Negroes especially have not been sufficient to adapt themselves to town life.) The main reason for this difference between city and country is of course the constant movement of population from the rural districts to the cities; many people born in the country moving to town about the time they grow up, and spending the rest of their lives there. so that their births are recorded in the city. Until we have much more detailed sta-

tistics than have been attempted hitherto we cannot say with certainty whether people who spend their lives in the country have a better chance of attaining old age than those born in cities, but it is probable that the pure air, simple food, outdoor work and less danger of accident in the country and the better plumbing and medical service in cities just about balance each other. City children generally look healthier than country children, but they seem more liable to ailments that require surgical treatment, such as appendicitis and tonsilitis.

Different cities of course differ in the age distribution of their population, as can be seen from the table and generally speaking, new and rapidly growing manufacturing cities have more children and a higher birth-rate than older and purely commercial cities, and still more so than college towns; but there are not enough cities of any one type in Alabama to prove this conclusively. The cities with the highest white birth-rate seem to be Alabama City, Carbon Hill, Florala, Piedmont, Lanett and Sheffield, and at the other extreme are Tuscaloosa, Montgomery, Huntsville, Selma, Greenville and Mobile.

Relation to Education and Child Labor

It will be noticed in the table that there is a rough correlation between the percentage of children under ten in each region and city and the percentage of illiterates in the population over ten, especially among the whites. These age statistics make it plainer than ever before why schools are better financed and attended now than formerly, better in the north than in the south, in cities than in the country, and in the black belt than on Sand Mountain. For in the former regions there are more adults to earn money and fewer children to spend it on than in the latter. Considering the white population only, in the plateau region there are 1.3 children to every adult, while in the black belt and our larger cities the ratio is about 0.7 to 1, making the burden of schooling only about half as great. So until the age distribution of the population is equalized our educators will have a different task in equalizing school facilities throughout the state or nation, as seems to be their goal.

The prevalence of child labor is also influenced very largely by the same factors. Although there seem to be no statistics on the extent of child labor in different parts of the same state, when different states are compared it is easily seen that those that have the largest proportion of children generally have the most child labor; which is natural enough, for people with large families may be too poor to give their children much education, and have to send some of them to work instead. In view of the great variations in proportion of children in different regions and states, the present attempt to have child labor regulated by a constitutional amendment, to apply equally to the whole country, seems ill-advised.

Changes in The Last Few Years

The school census of Alabama taken this year shows an increase of only about one per cent in the population of school age since 1922, which is considerably less than one would expect the total population to have increased in two years. This probably indicates that the proportion of children is still decreasing, as it has been for the last forty or fifty years; but until we have another complete enumeration of the population we cannot be sure that the rate of increase of the whole population is not slowing up, or that this year's school census was not less complete than the last one.

What Of The Future?

One may now ask, will the span of human life in Alabama and elsewhere continue to increase, lowering the birth rate and the proportion of children, and if so what will happen, and how soon? From statistics of other states and countries it seems probable that when the median age of the population reaches 30 (or the average age about 36) the percentage of adults will be about 70 and that of children under 10 about 16, and there will be about as many deaths as births, so that subsequent increases of population, if any, will come about only through immigration from regions that have a higher birth rate.

The South's Opportunity

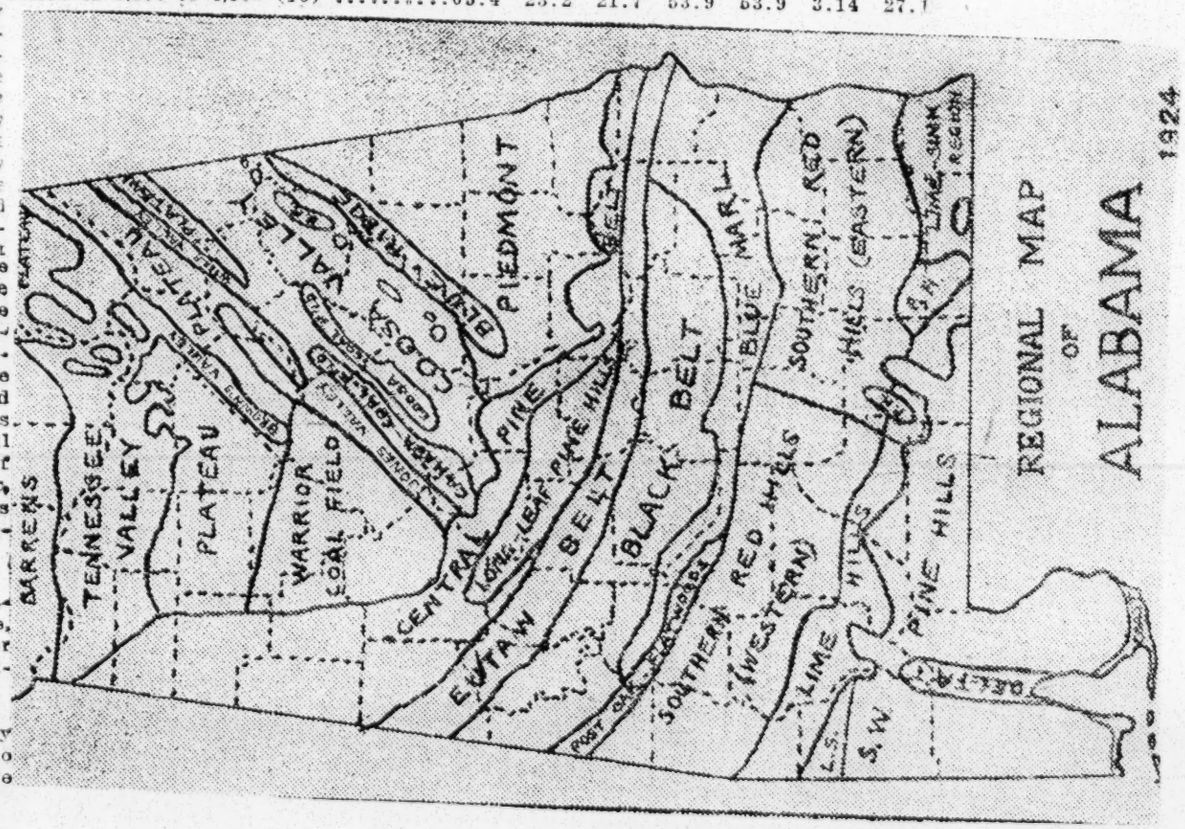
At the present rate, it appears that the whole United States will come to the point of cessation of natural increase of population (median age 30) in three or four decades! and in fact some states and cities are very nearly at that point already. But the south, on account of its higher birth rate, may not reach that point for a century yet. In the meanwhile, if the present immigration restrictions are maintained and successfully enforced, the supply of men to operate the rapidly expanding industries of the country when the native population of the north and west stops increasing may come mostly from the south. There has already been a great northward movement of negroes (observable fifteen or twenty years ago, but most conspicious during and since the World War) to take the place of the foreigners that are no longer to be had in sufficient quantities, but future migrations of that kind are likely to be more largely white, as the industries become more complex, and require more skilled labor. So it is not unlikely that southern ideals will dominate the nation by sheer force of numbers a few generations from now, if there is no radical change in its boundaries or policies in the meanwhile.

The average longevity or expectation of life in any region at any time, in years, seems to be about 25 per cent less than the numerical percentage of adults.

The birth rate in any region at any time is a little more, perhaps 15 to 25 per cent more, than the percentage of persons under 10.

Selected age statistics of Alabama regions and cities in 1920, with a few other related data.

	Percent White	Per Cent Under 10		Per Cent Adults		Per Cent Illiterate (Over 10)	
		White	Negro	White	Negro	White	Negro
Whole state, 1900	54.7	28.6	28.8	45.9	44.7	14.7	57.4
Whole state, 1910	57.5	28.6	27.0	47.3	48.0	9.9	40.1
Whole state, 1920	61.6	27.0	25.2	48.5	49.0	6.4	31.3
Tennessee Valley	72.2	27.9	24.2	47.4	49.9	7.1	28.6
Plateau Region	98.5	30.5	....	43.4	....	7.0	....
Warrior Basin coal field	73.3	28.0	22.9	47.1	52.7	6.9	29.5
Coosa Valley	75.7	28.0	26.2	46.8	48.0	8.4	25.7
Piedmont Region	64.7	27.7	29.0	47.4	42.3	6.3	27.0
Central Pine Belt	68.5	27.5	26.0	46.8	47.6	6.8	33.9
Black Belt	28.7	20.2	24.3	58.7	49.6	1.4	36.5
Blue Marl Region	28.1	24.5	29.0	51.8	42.6	6.1	38.7
Southwestern Red Hills	40.8	27.0	28.0	48.7	44.4	5.4	33.1
Southeastern Red Hills	70.4	29.1	30.2	46.0	41.5	9.7	35.2
Lime-sink region (Wiregrass)	79.7	29.5	26.2	45.4	45.4	9.2	31.5
Southwestern pine hills	73.6	27.3	25.0	48.1	48.9	6.0	31.3
Rural population	61.8	28.9	27.0	45.8	45.8	7.62	34.0
Urban population	61.3	21.0	17.8	57.8	60.3	2.30	22.7
Birmingham	60.7	20.1	17.5	59.3	62.0	1.76	18.4
Mobile	60.6	19.0	15.9	61.0	64.3	0.78	21.2
Montgomery	54.4	18.0	16.4	62.0	61.8	0.59	26.8
Bessemer	43.4	23.4	17.4	54.5	61.2	2.86	27.4
Anniston	67.1	22.5	20.0	54.8	55.8	5.35	20.5
Selma	47.4	18.5	16.6	60.0	60.3	1.40	26.7
Gadsden	71.4	23.7	21.5	55.9	57.8	2.21	20.6
Tuscaloosa	62.0	16.9	18.0	65.8	58.5	1.19	23.9
Florence	77.9	22.6	18.2	54.5	61.7	2.18	21.3
Dothan	57.2	23.7	21.7	53.5	52.4	1.55	21.3
Cities of 4,500 to 10,000 (13)	67.5	22.6	18.8	55.3	57.5	4.60	27.6
Cities of 2,500 to 4,500 (16)	65.4	23.2	21.7	53.9	53.9	3.14	27.1



Health - 1924.

II.

Alabama.

In Alabama the apparent per capita wealth (for the whole population, separate figures for whites and negroes not being available) was $913 in 1912 and $1244 in 1922; but the dollar was worth about 56 per cent less in 1922 than in 1912, so the reader can figure out for himself just how much poorer the state was. And if the estimate had been made on a per family instead of a per capita basis the decline would be still greater in this and nearly all other states, on account of the decreasing size of families.

Woman Suffrage.

Another factor in the problem of dwindling families, whose effect will hardly be measurable until after the next census, is woman suffrage. The states in which women voted previous to 1920 all had families smaller than the United States average; and now that women all over the country can vote if they desire, the decline in families may be accelerated, though that remains to be seen.

Change In The Marriage Rate.

Before looking into the statistics the writer had the idea, as probably many others have, that people now marry later than they did before there were so many cities and automobiles and so many young people went to college, and that that would account for part of the decrease in size of families. But the statistics seem to indicate just the opposite. Practically every family represents one marriage that has taken place at some time in the past, so that as families become smaller, and therefore more numerous in proportion to population, the proportion of married persons likewise increases. Even when we restrict the comparison to adults, there had been no perceptible decline in the marriage rate up to the time of the last census. Statistics of the marital condition of the population go back no farther than 1890, unfortunately, but between then and 1920 the proportion of married persons between the ages of 15 and 35 in the United States increased a little (young people marrying about a year earlier, on the average); though beyond the age of 35 there was a slight decline. But part of this difference may be due to the many ill-advised marriages of the recent war period, and the next census may tell a different story. In fact there seem to have already been some change in that respect since 1920.

The number of marriages in various parts of Alabama (and elsewhere) in June of this year is reported to have been less than in former years, in spite of the usual increase of population; and the increase in divorces for several years past has often been pointed out. The recent slump in marriages (as well as a few of the divorces) may be due in part to the bobbed hair fad, which is far more prevalent this year than ever before. For bobbed hair if carried to an extreme certainly detracts from feminine charm, and there is abundant testimony in the daily papers and elsewhere that men are not very enthusiastic about it.

What Of The Future?

One may now ask, will families continue to decrease until the human race becomes extinct, and if so how long will that take? It is rather risky to make predictions about human affairs, but in the United States as a whole the average size of family decreased so uniformly between 1890 and 1920 that we may assume that it will continue at about the same rate for a few more decades, unless something unexpected happens to upset the calculations.

In the former article it was stated that when the median age of the population reaches 30 and the percentage of adults 70, births and deaths will be about equal; and that point seems to be only thirty or forty years off for the whole United States, but farther off for the South, and very near for some northern and western states and cities. A study of the family statistics leads to a very similar conclusion. When the average American family gets down to 3.6 persons (2.4 adults and 1.2 children) the point of equilibrium of population will be close at hand, and the present rate of decline will bring the United States average down to that in three or four decades. But Alabama and other southern states may not have to worry about that for a hundred years yet. The results of the census of 1930 should help materially to verify or disprove these conjectures.

Number of persons per family in Alabama 1900 to 1920, by regions, cities, races, etc.

	1900	1910		1920	
	All families	Private families	White	Negro	Urb'n	R'r'l
Whole United States	4.69	4.60	4.54	4.52	4.24	4.45
Alabama (whole state)	4.88	4.85	4.96	4.39	4.12	4.77
Regions.						
Tennessee Valley	4.98	4.97	4.91	4.56	4.06	4.93
Plateau Region	5.26	5.25	5.09	?	?	5.00
Warrior Coal Field	5.09	4.92			4.58	4.71
Coosa Valley	5.15	5.11	4.99	4.75	4.90	4.95
Piedmont Region	5.15	5.14	4.97	4.99	4.23	4.96
Central Pine Belt	5.07	5.01	5.10	4.53	4.63	4.83
Black Belt	4.33	4.30	4.75	4.05	3.74	4.30
Blue Marl Region	4.82	4.81	4.72	4.70	4.21	4.57
Southwestern Red Hills	4.91	4.91	5.06	4.66	4.15	4.77
Southeastern Red Hills	5.20	5.19	4.94	5.00	4.35	4.90
Lime-sink Region	?	?	5.03	4.82	4.99	4.88
Southwestern Pine Hills	5.08	5.00	4.92	4.27	4.27	4.67
Rural Districts	4.97	4.95	4.81			4.77
Cities of over 2,500	4.35	4.24	4.25		4.12	
Ten Largest Cities.						
Birmingham	4.55	4.27	4.78	3.68	4.15	
Mobile	4.20	4.11	4.73	3.63	4.01	
Montgomery	4.09	3.99	4.82	3.41	3.75	
Bessemer	3.96	3.86	4.70	3.58	3.99	
Anniston	4.48	4.42	4.56	4.00	4.45	
Selma	4.10	4.01	4.60	3.54	3.68	
Gadsden	4.55	4.44	4.70	4.81	4.27	
Tuscaloosa	4.44	4.29	4.81	3.86	4.63	
Florence	4.58	4.56	?	?	4.53	
Dothan	5.55	5.29	4.98	5.16	4.98	

Arkansas.

Health -1924.

NEGROES TO AID SANITORIUM

The Arkansas negroes are organizing their first financial campaign in aid of the new state sanatorium for tubercular negroes. The Arkansas Federation of Negro Women's Clubs will put on auto rides over the state during the months of July and August to raise funds for the sanatorium. The first ride will be held in Little Rock on July 24. All persons who can contribute their cars for a ride of an hour and a half at 5:15 July 24 are asked to telephone 4-7286. The cars will assemble at Ninth and State streets at 5:15 p. m. Governor McRae and the board of managers of the Arkansas sanatorium are actively sponsoring the ride. The local chairmen for other points of the state will be announced later.